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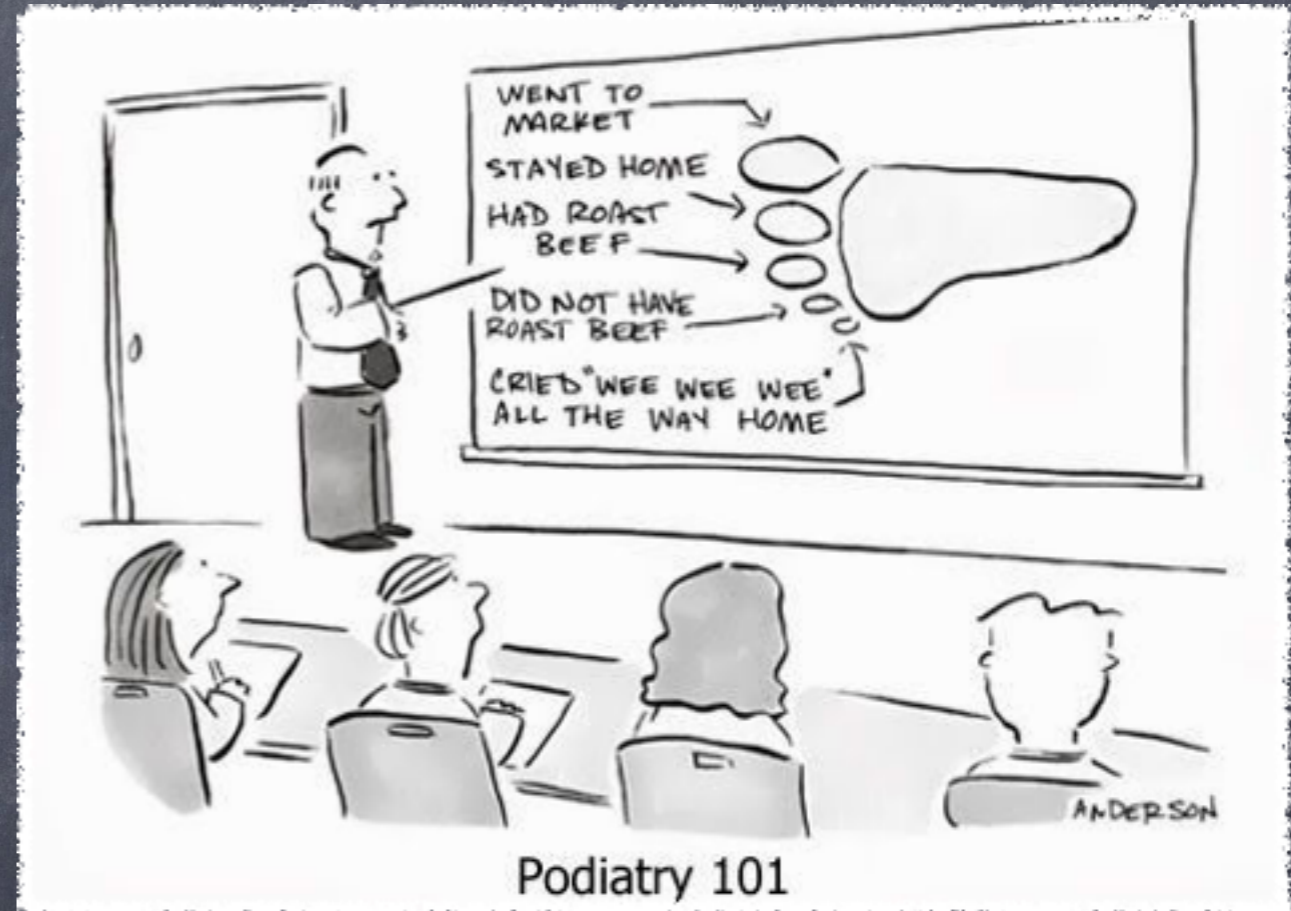
SSM Health - St. Mary's Hospital  
JCMG Surgical Center

Residency - Mount Sinai School of Medicine  
Mount Sinai Hospital  
New York, N.Y.

Fellow of the American Board of Foot and Ankle Surgeons  
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# Podiatric Medicine

Branch of the medical sciences devoted to the study of human movement, with the medical care of the foot and ankle as its primary focus

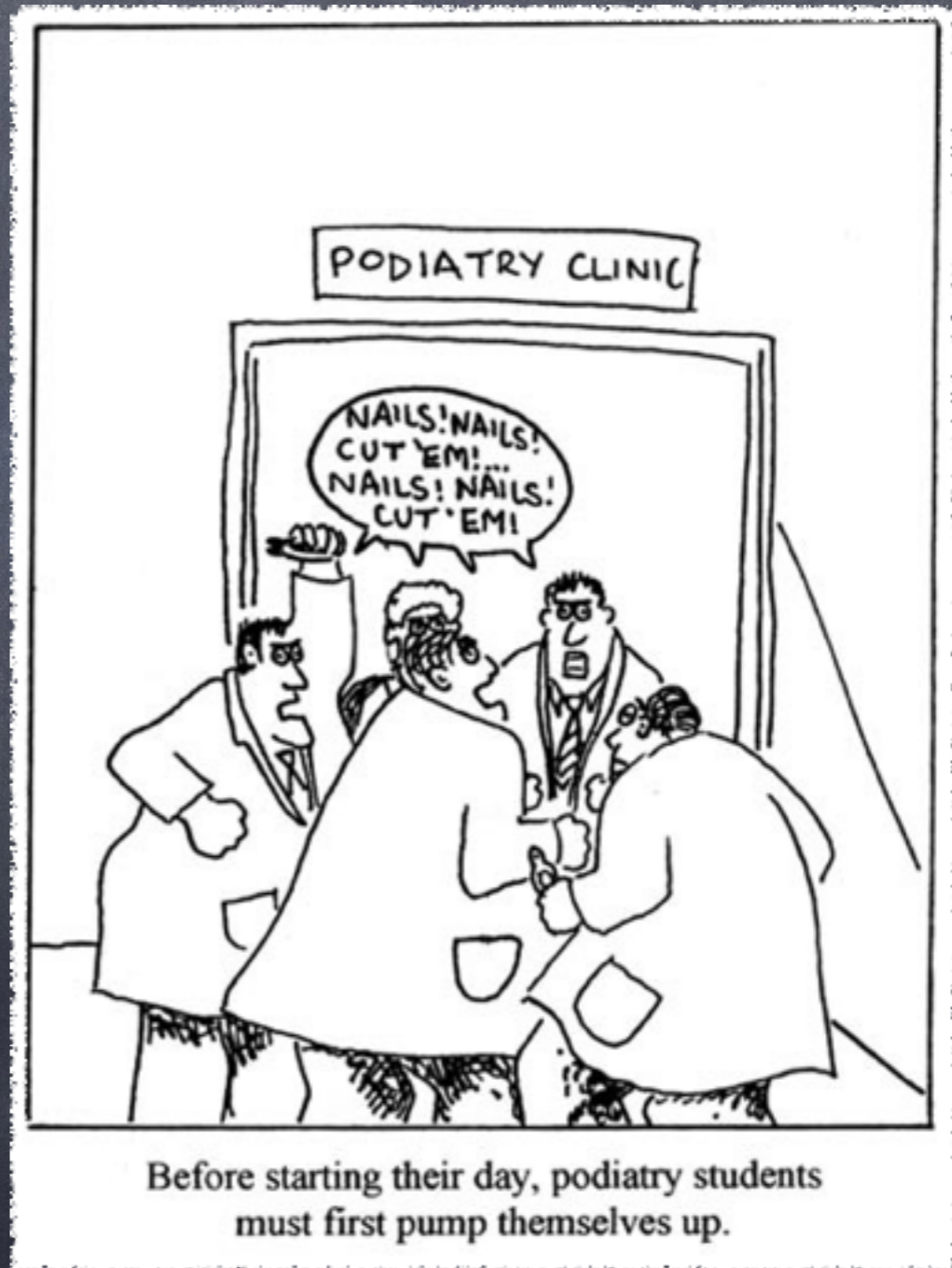


# Doctor of Podiatric Medicine

A Doctor of Podiatric Medicine (DPM) specializes in the prevention, diagnosis, and treatment of foot disorders, diseases and injuries. A DPM makes independent judgments and performs or orders all necessary diagnostic tests. They perform surgery; administer medications, including DEA-restricted medications; and prescribe physical therapy regimens.

# Medicine & Surgery

DPMs often detect serious health problems that may otherwise go unnoticed, because a number of diseases manifest first through symptoms of the lower extremities (i.e., diabetes, arthritis, heart disease, or kidney disease). Podiatric physicians are educated in state-of-the-art techniques involving surgery, orthopedics, dermatology, physical medicine and rehabilitation.

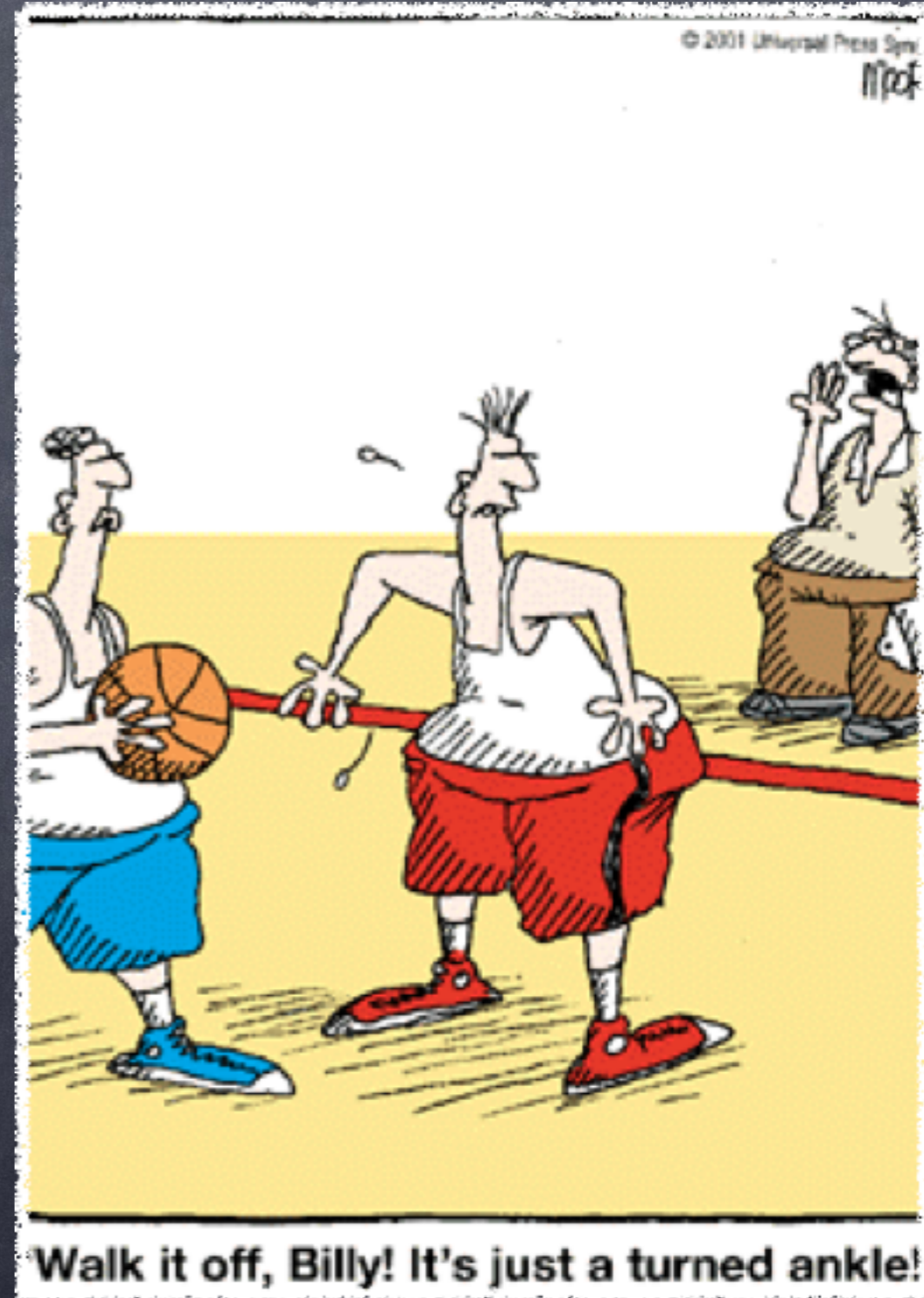


# Procedures



# Ankle Fractures

- Pain
- Swelling
- Bruising
- Blisters
- Deformity
- Inability to bear weight
- Open vs. Closed



# Ankle Fractures

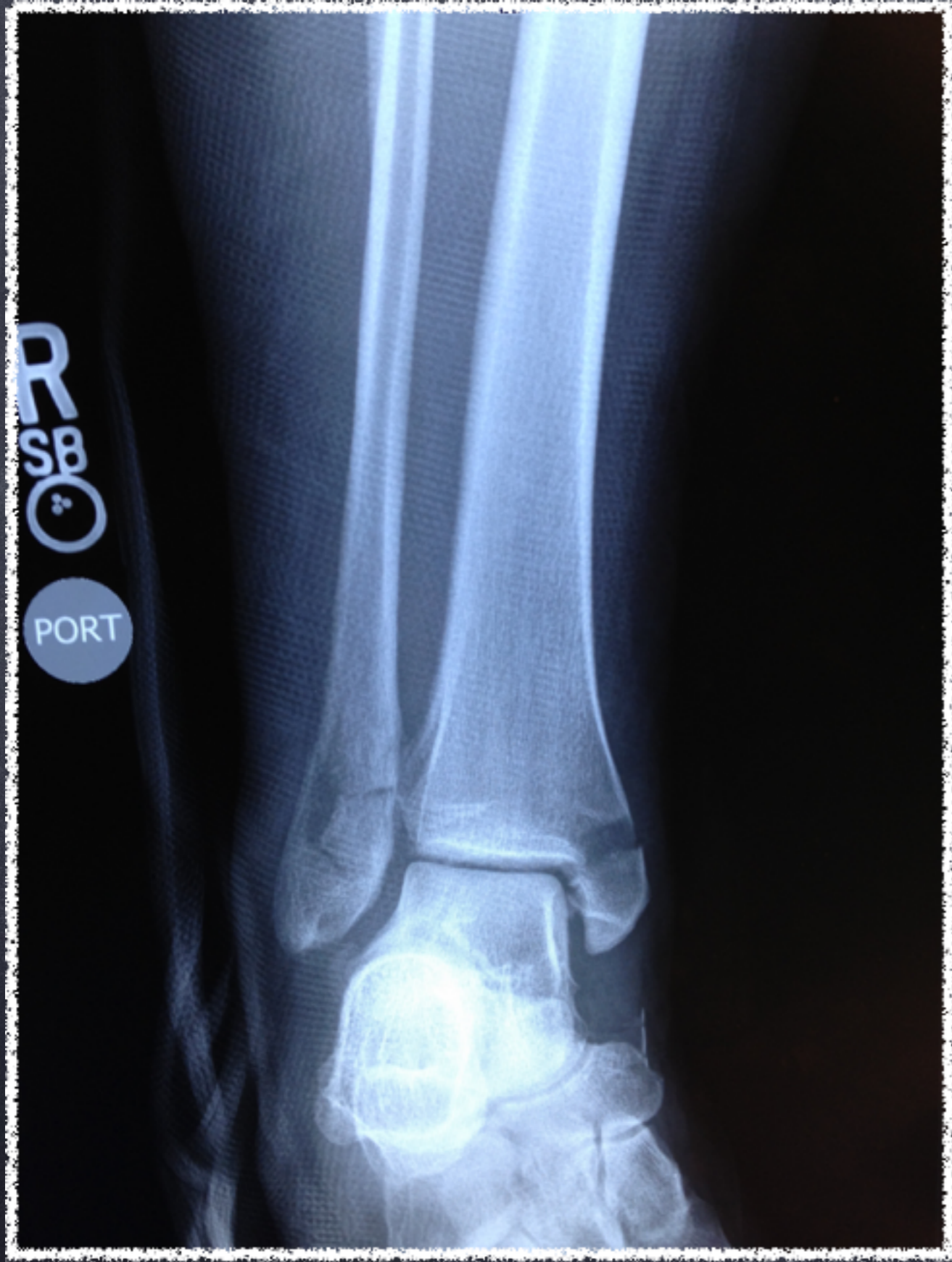
- Treatment varies depending upon fracture severity
- Surgical vs. Conservative Care
- Influences RTW and MMI

# Ankle Fracture Dislocation

Closed Reduction  
Technique  
Trimalleolar Fracture

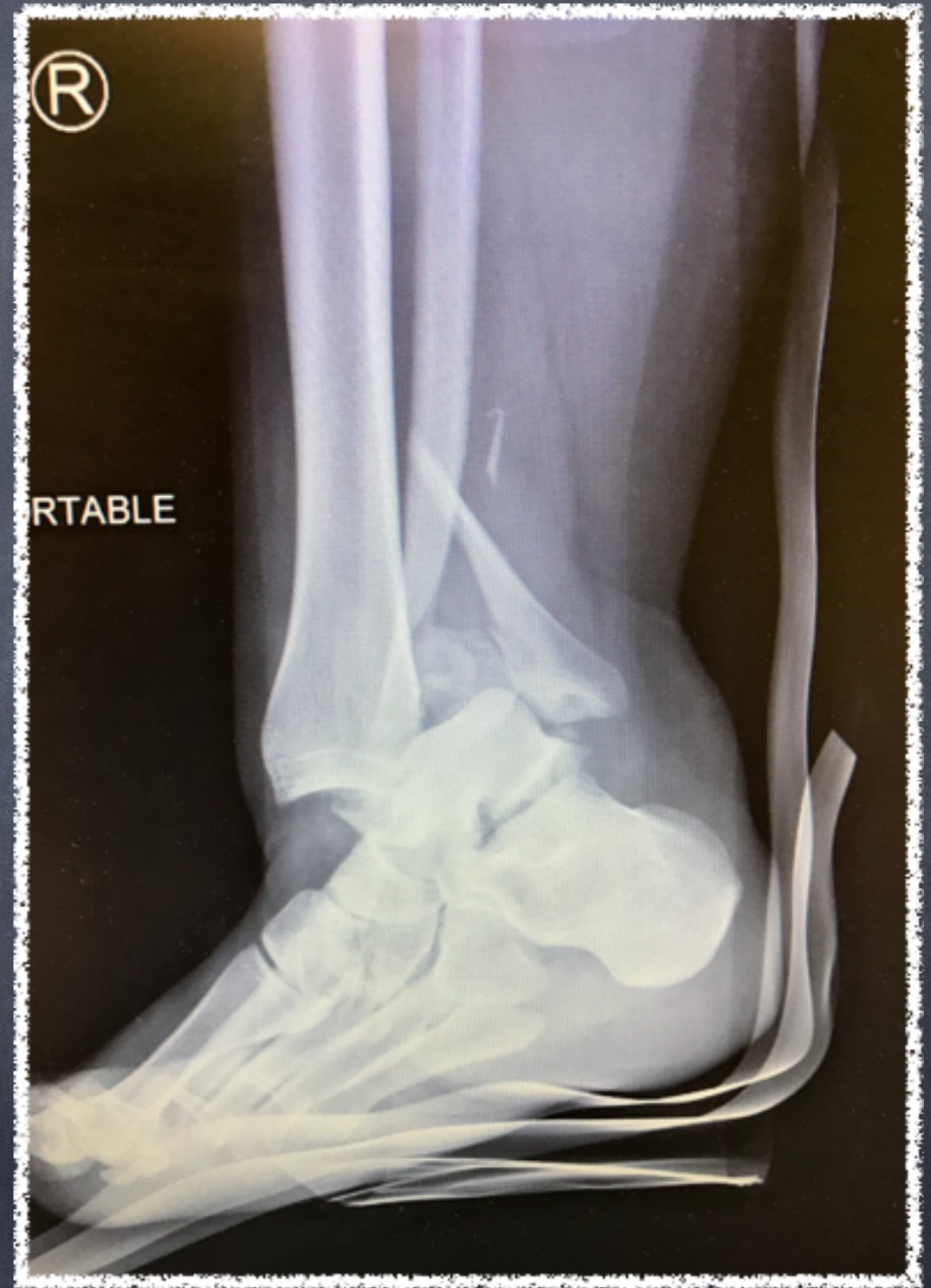


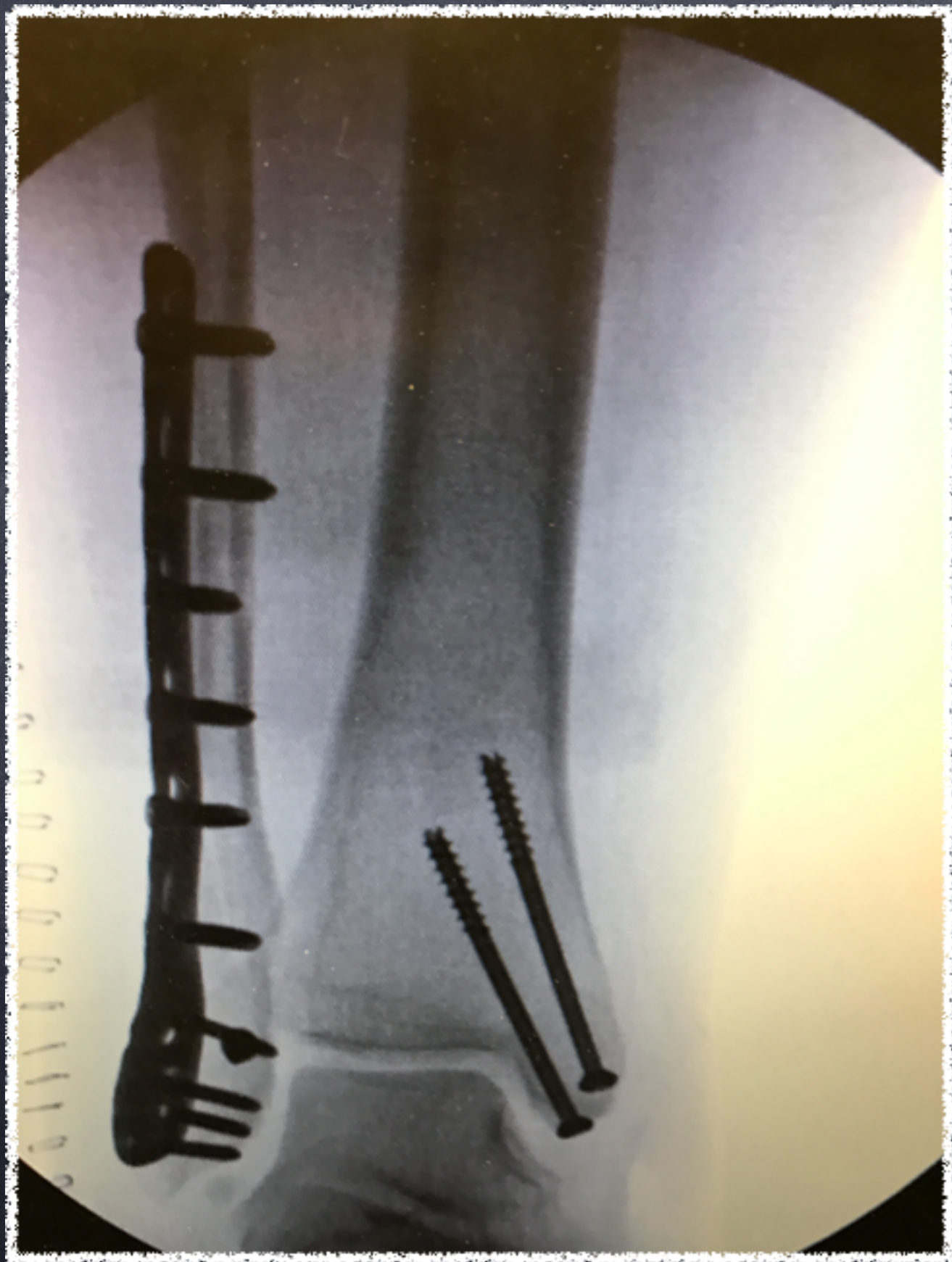




# Ankle Fracture Dislocation

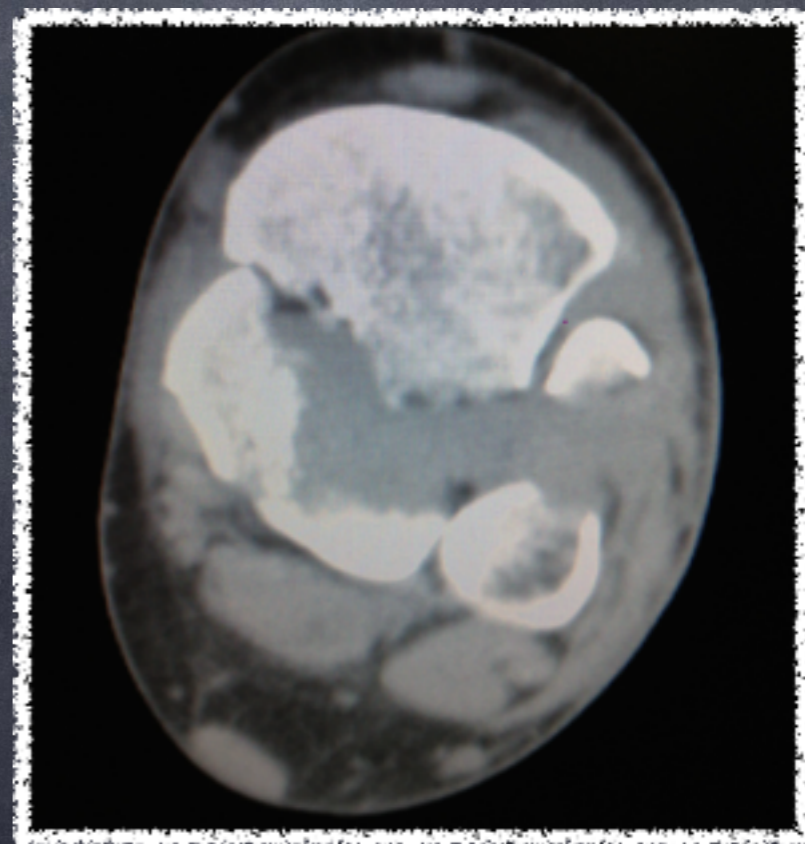
Open Reduction  
Technique

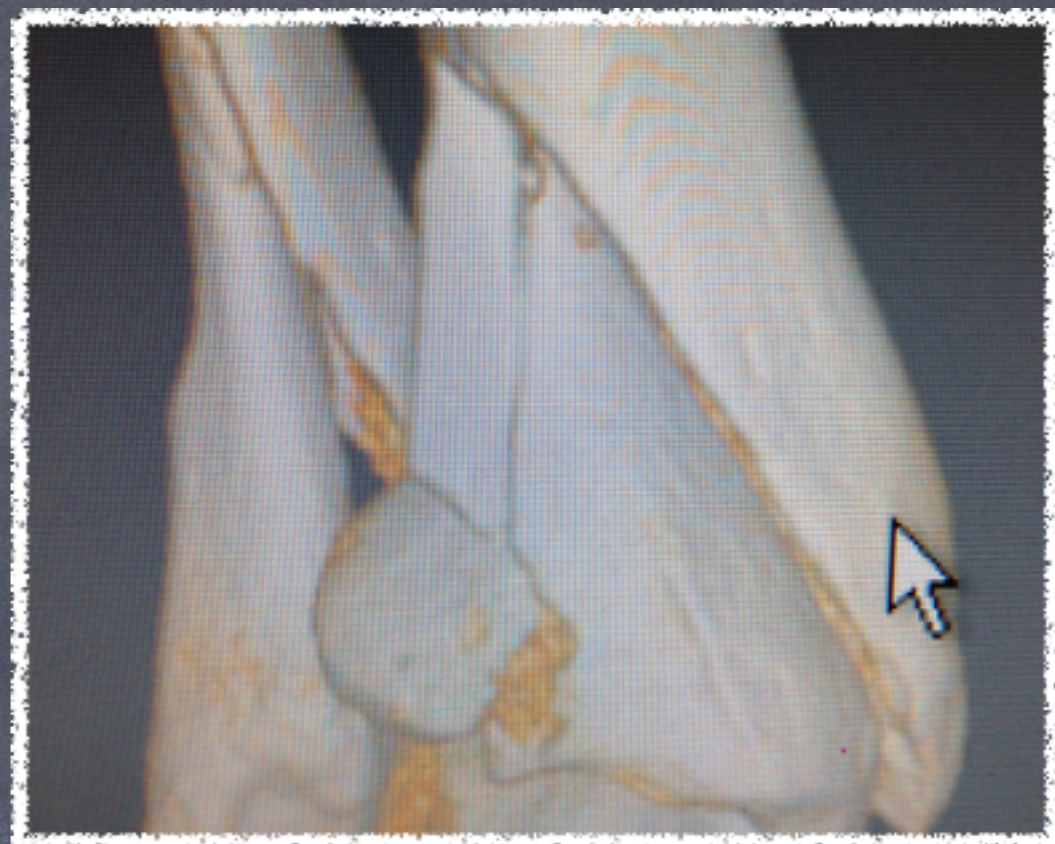




# ORIF Pilon Fracture

Comminuted Ankle Fracture  
Dislocation



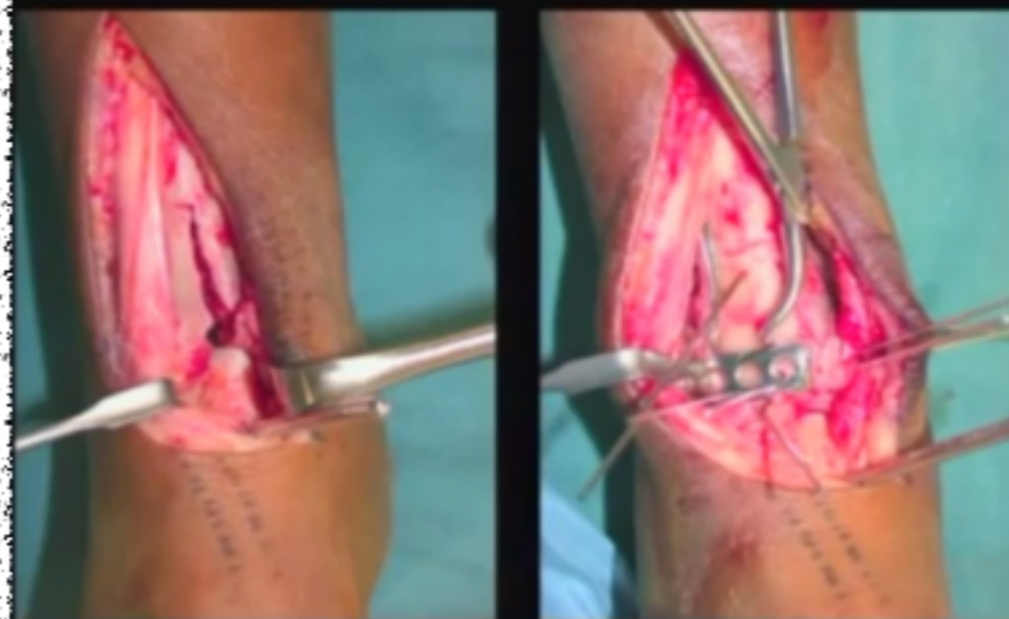


# ORIF Pilon Fracture Dislocation

- Staged Repair
- 2 procedures 10 days apart
- Internal fixation of fibula with external fixation of the tibia
- Remove external fixation and place internal fixation of the tibia



### Anteromedial Approach



# Procedure #2

External fixation has  
been removed

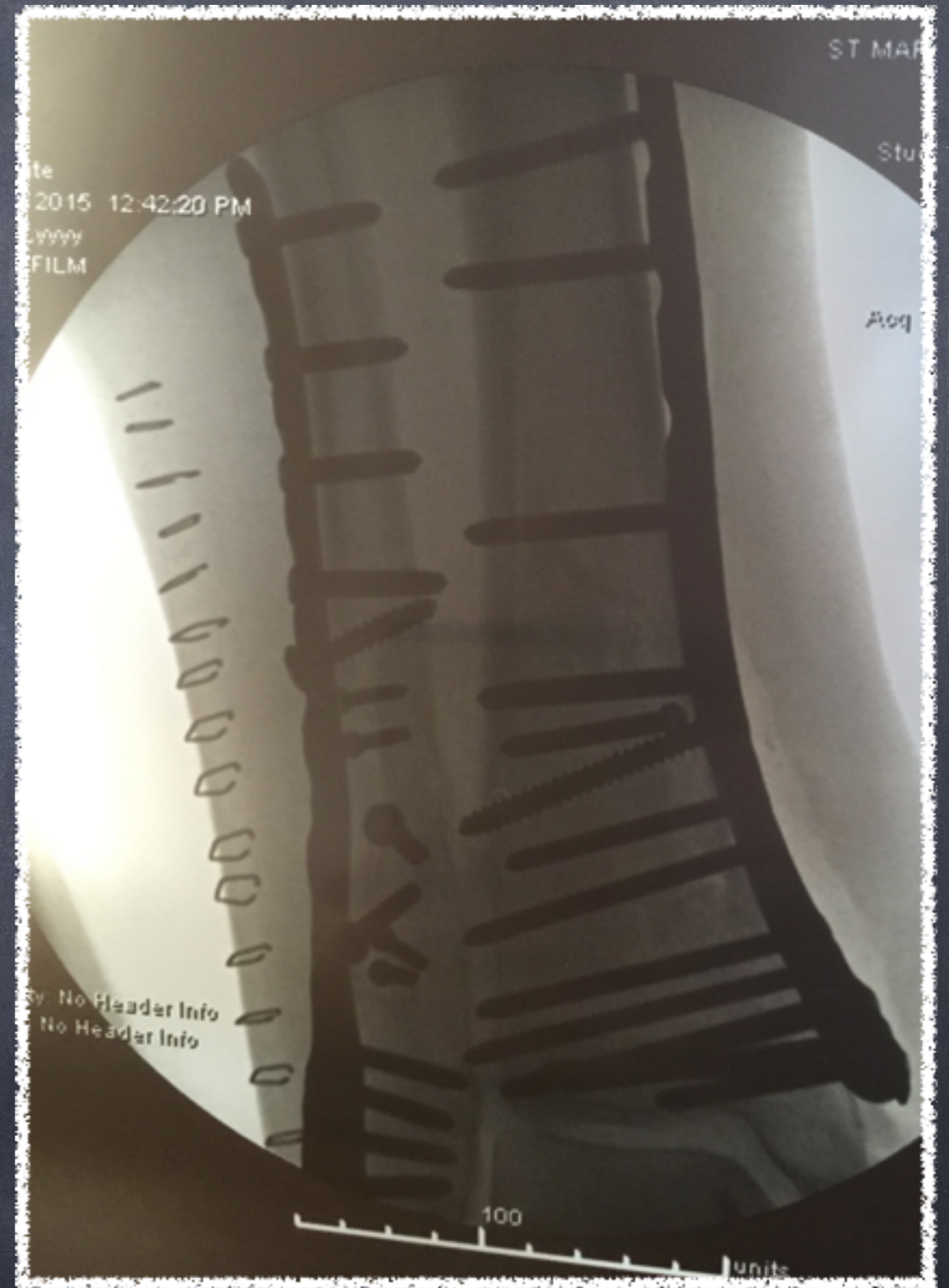
Internal hardware  
and drain placed



ORIF

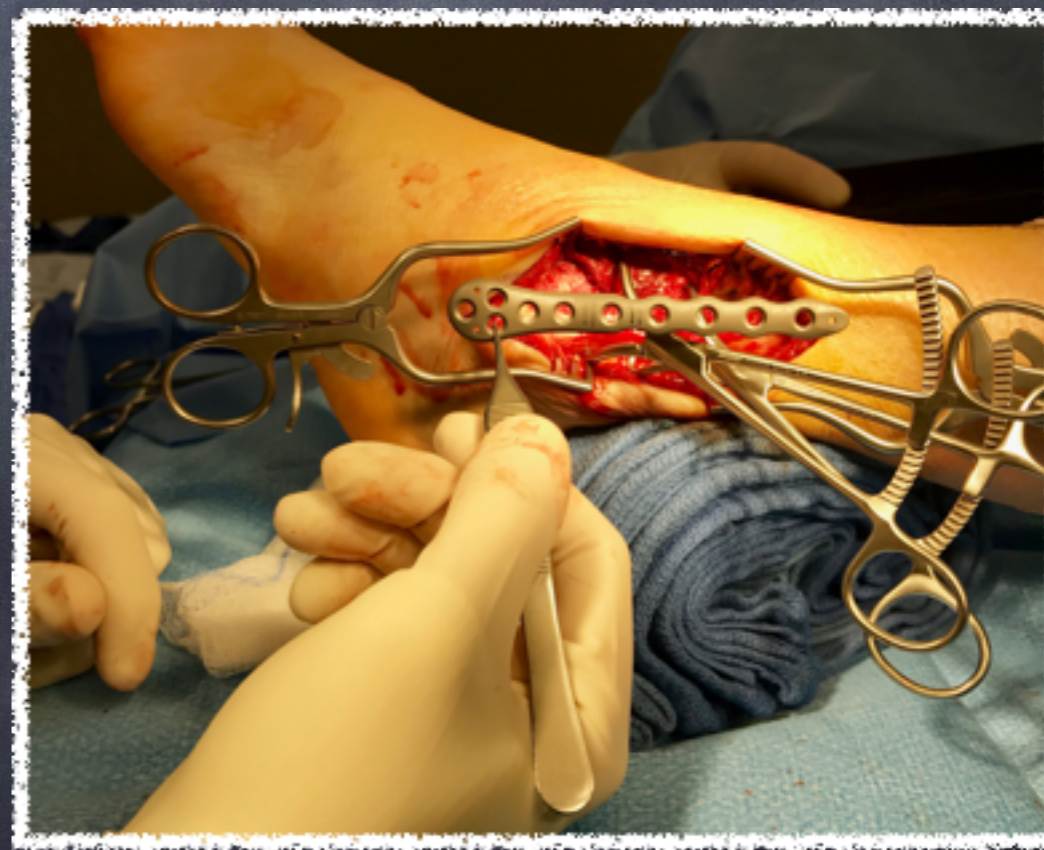
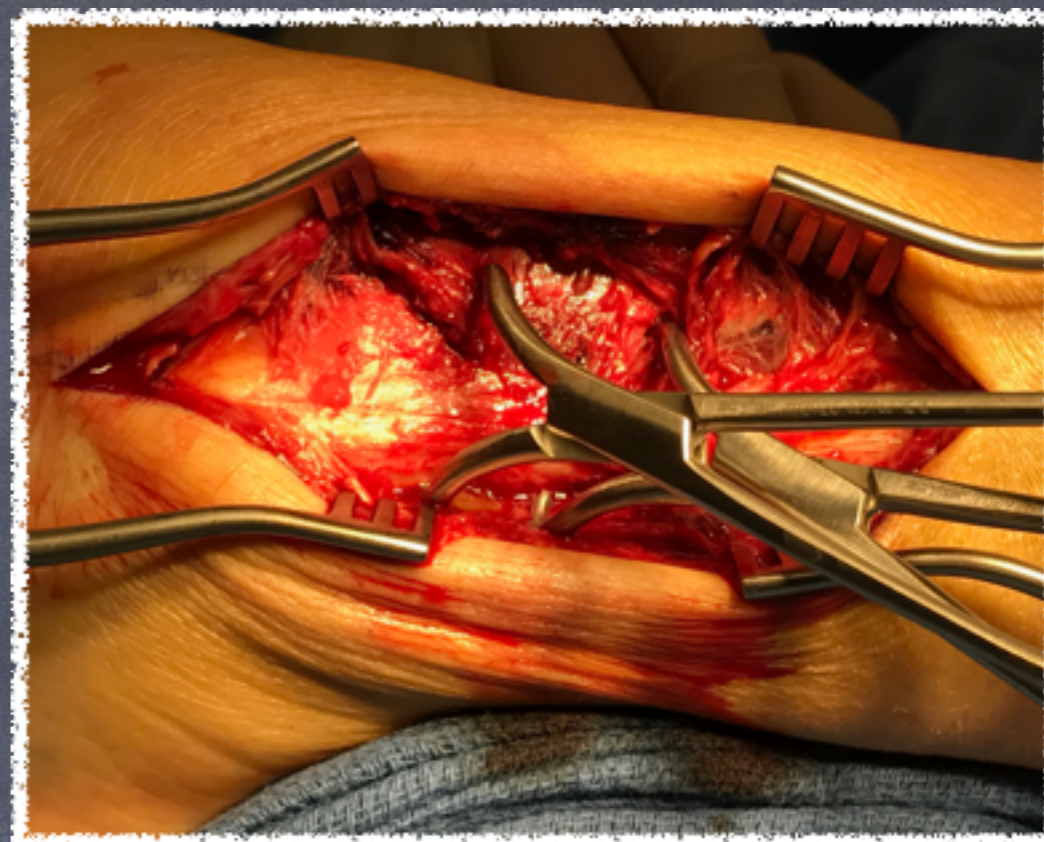
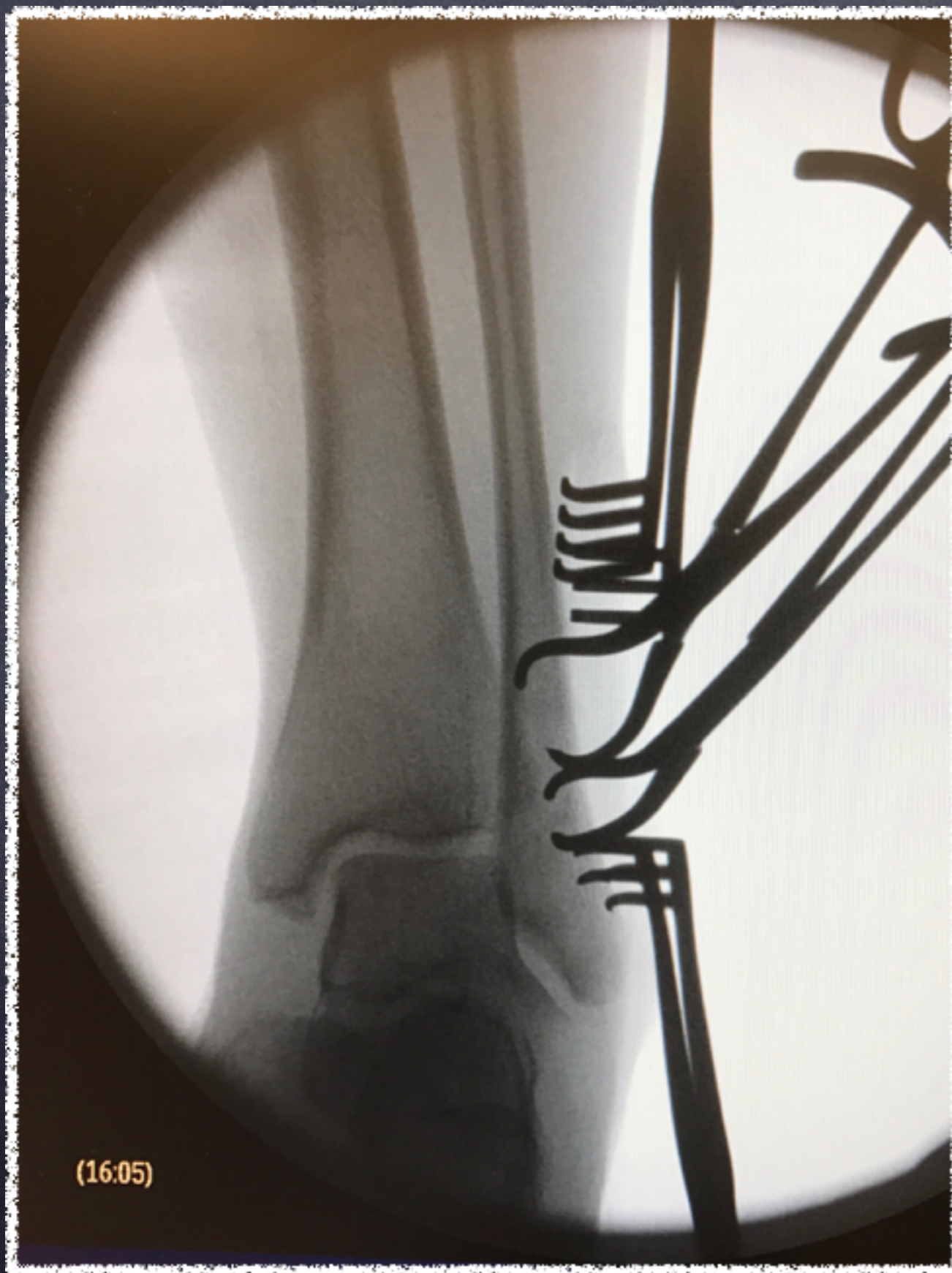
29 Screws

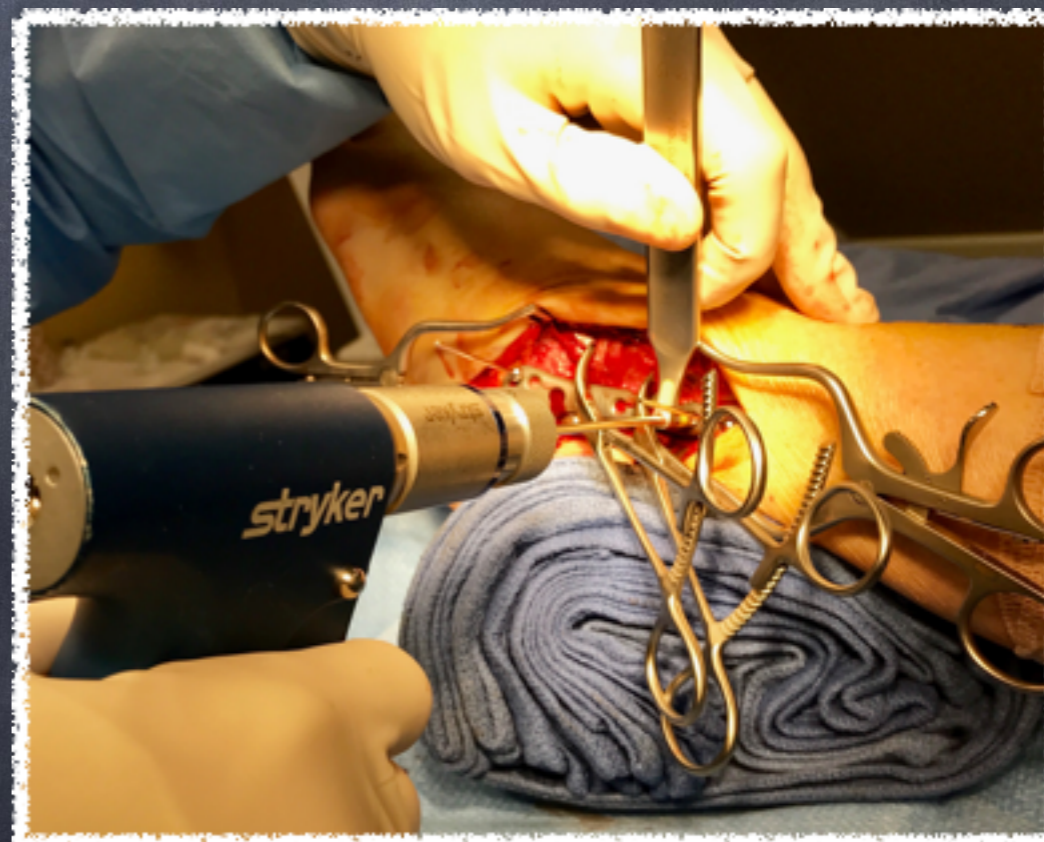
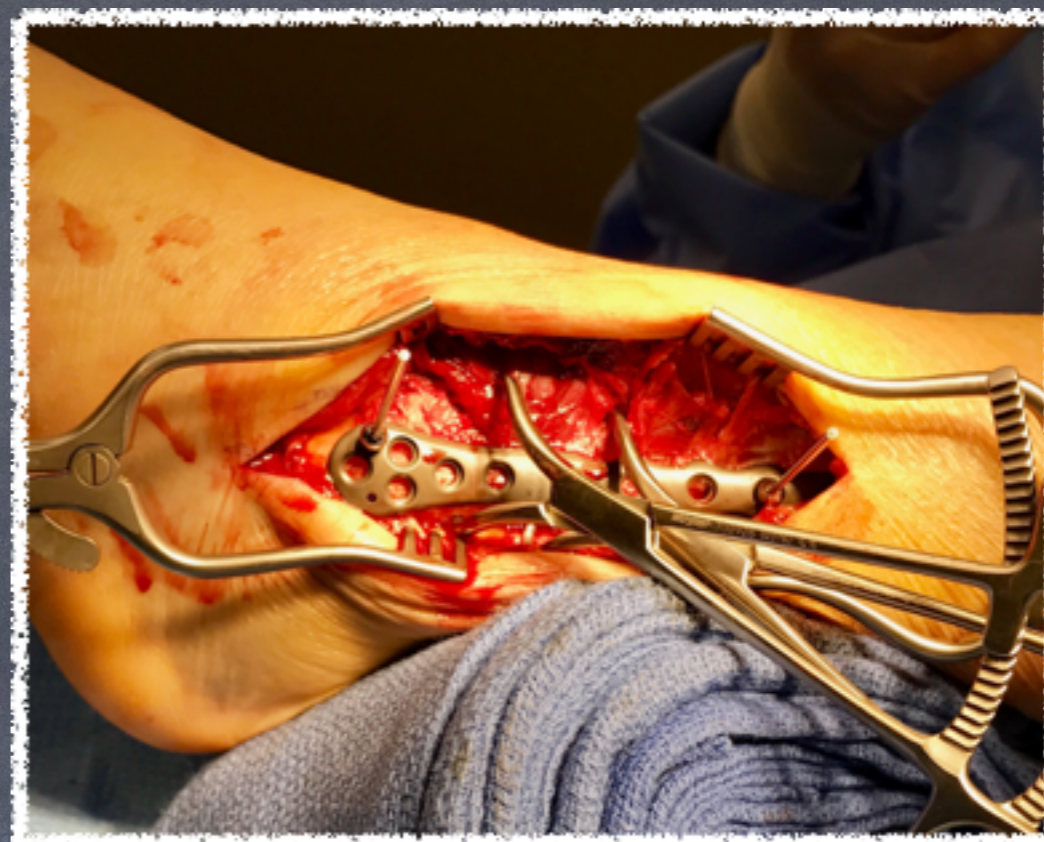
2 Plates

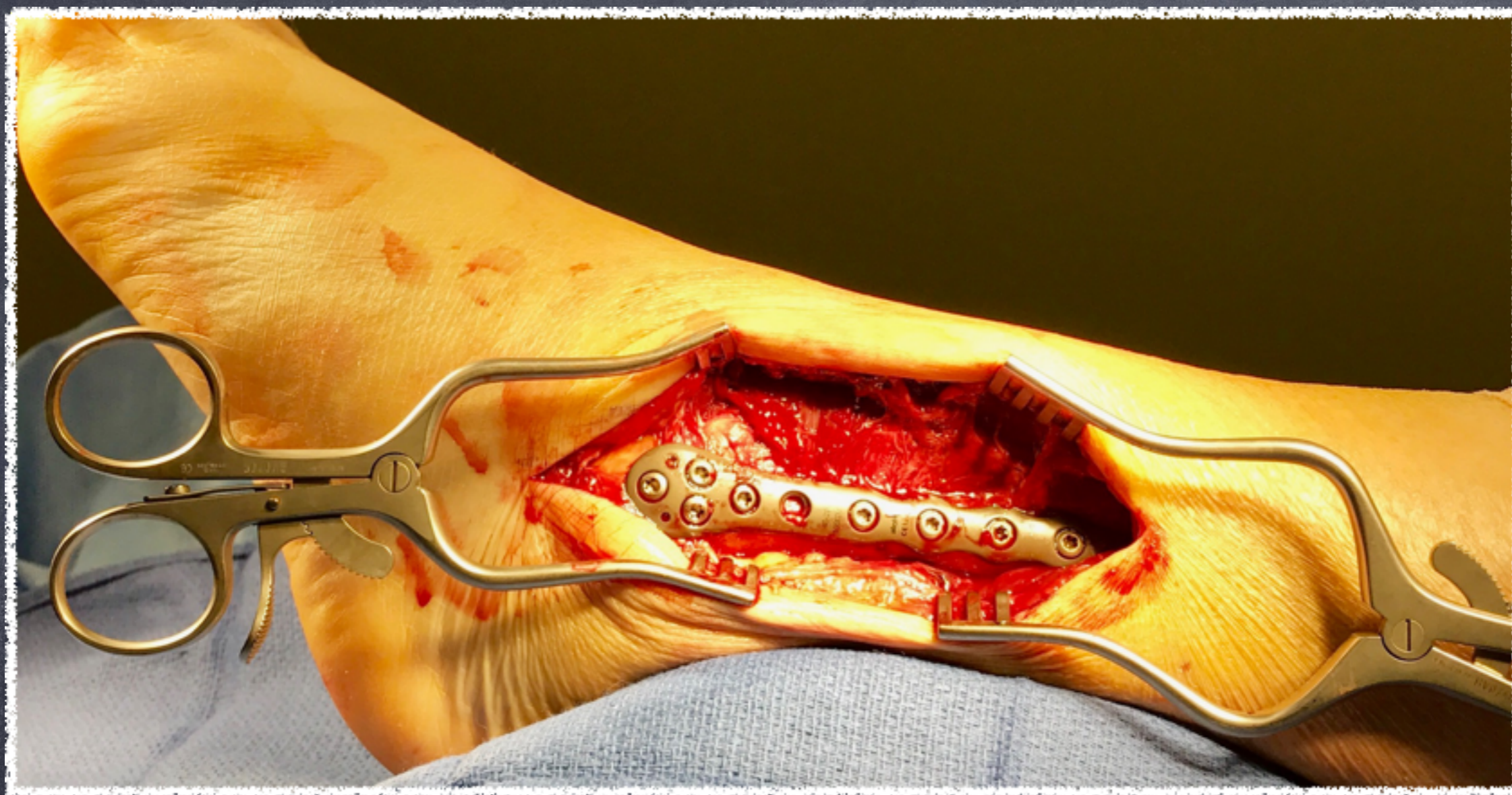


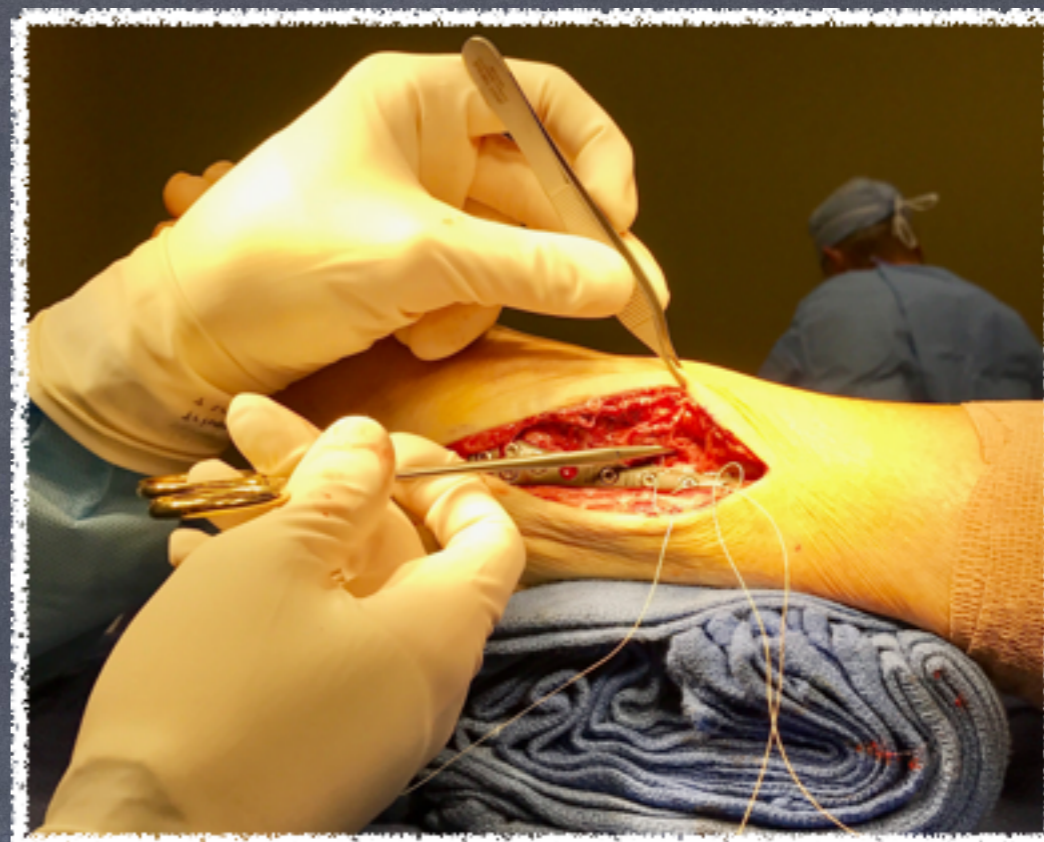


ORIF Distal Fibula Fracture











Post-op splint

# Ankle Fracture & Dislocation

- Return to work with restrictions in 7-14 days
- 10-12 week recovery
- 6 weeks strict NWB
- Arthritis is likely to develop within 5 years
- Rehab/P.T. is necessary for more complex injuries
- MMI likely at 6-12 months post-op



# Talus Pathology

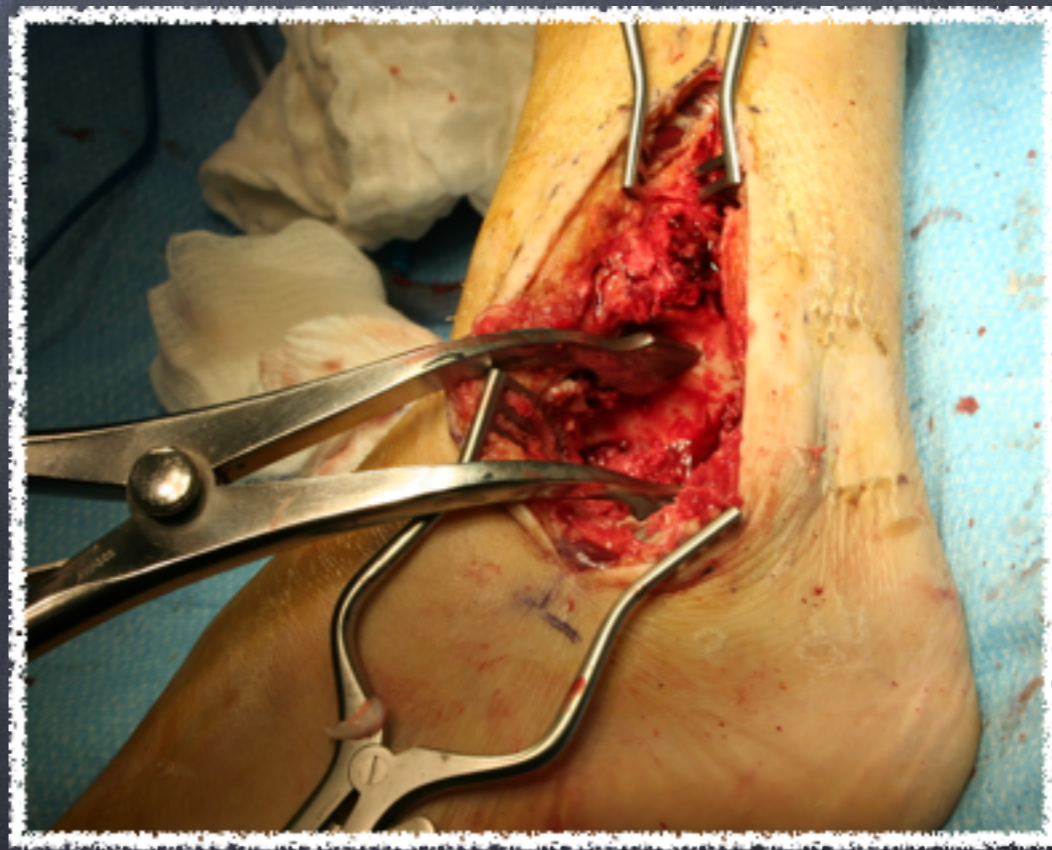
- Pain
- Swelling
- Bruising
- Blisters (with trauma)
- Ankle instability
- Painful weight bearing
- Antalgic gait

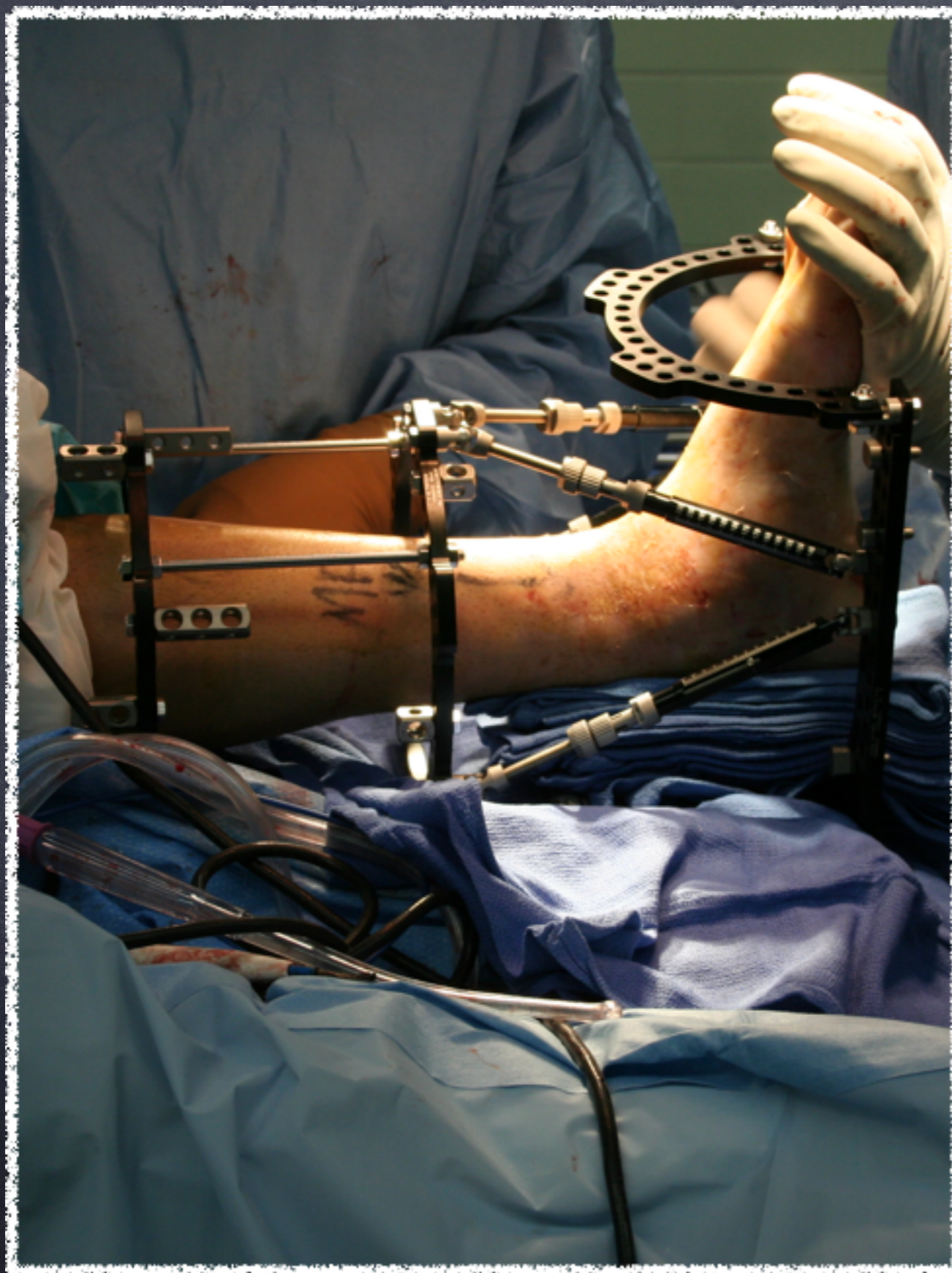


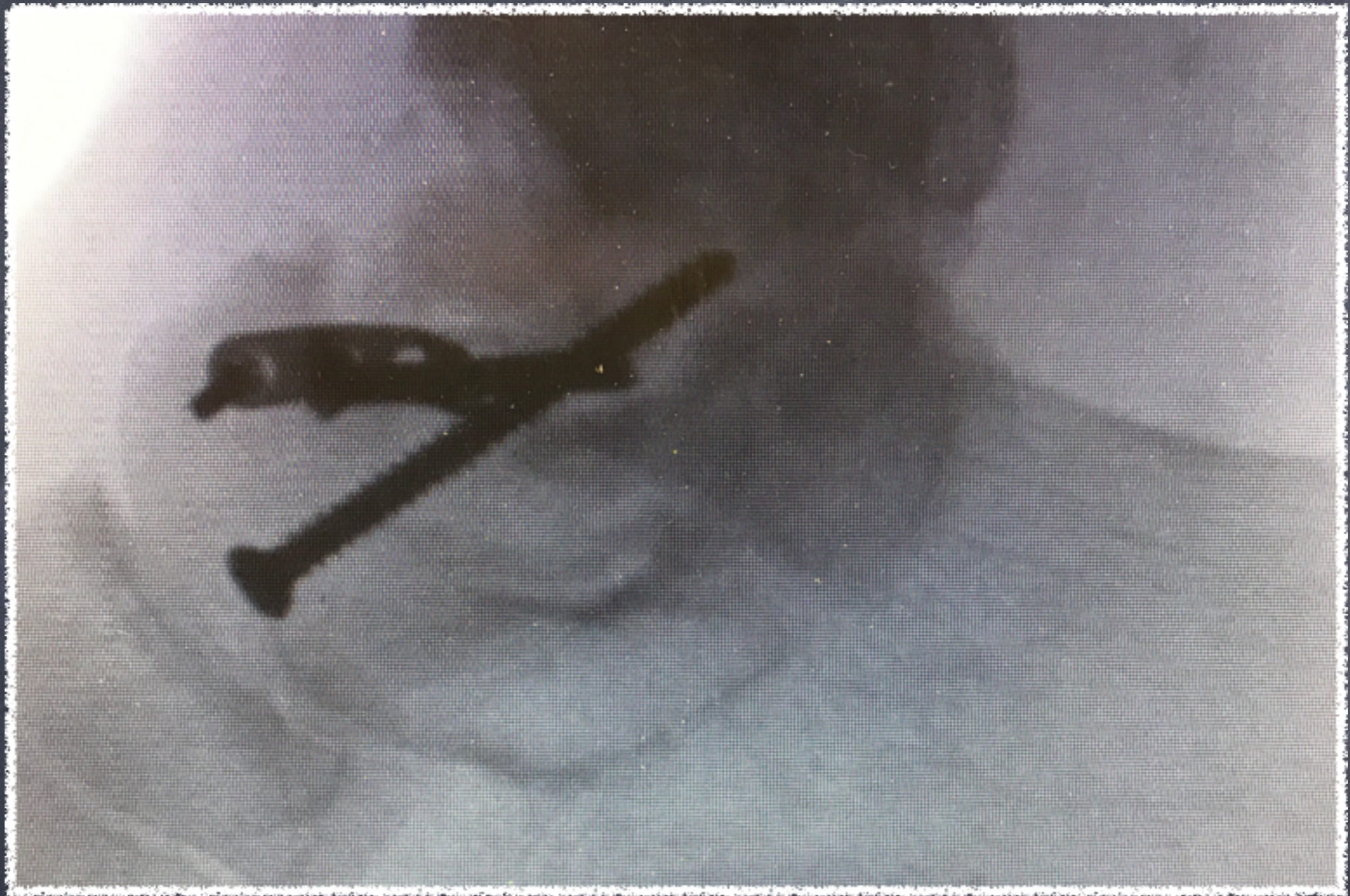


# Graft Augmented Pan-Talar Fusion with External and Internal Fixation

Comminuted Talus Fracture  
Crush Injury

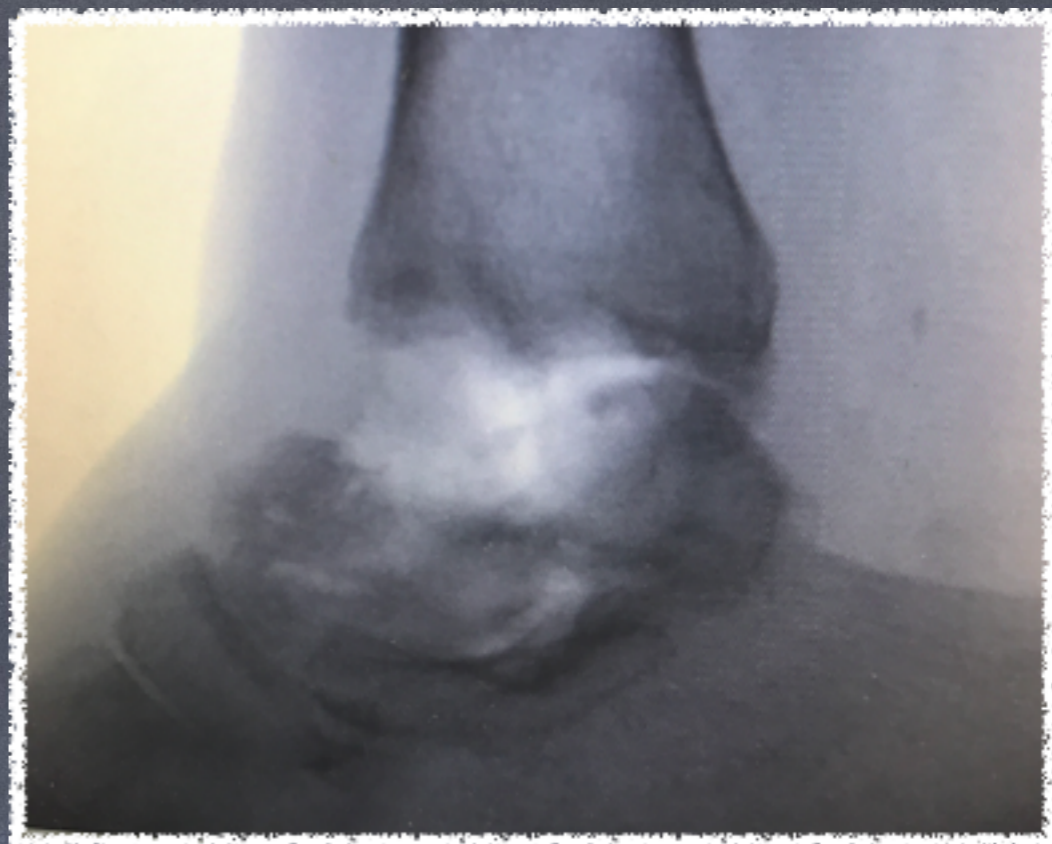


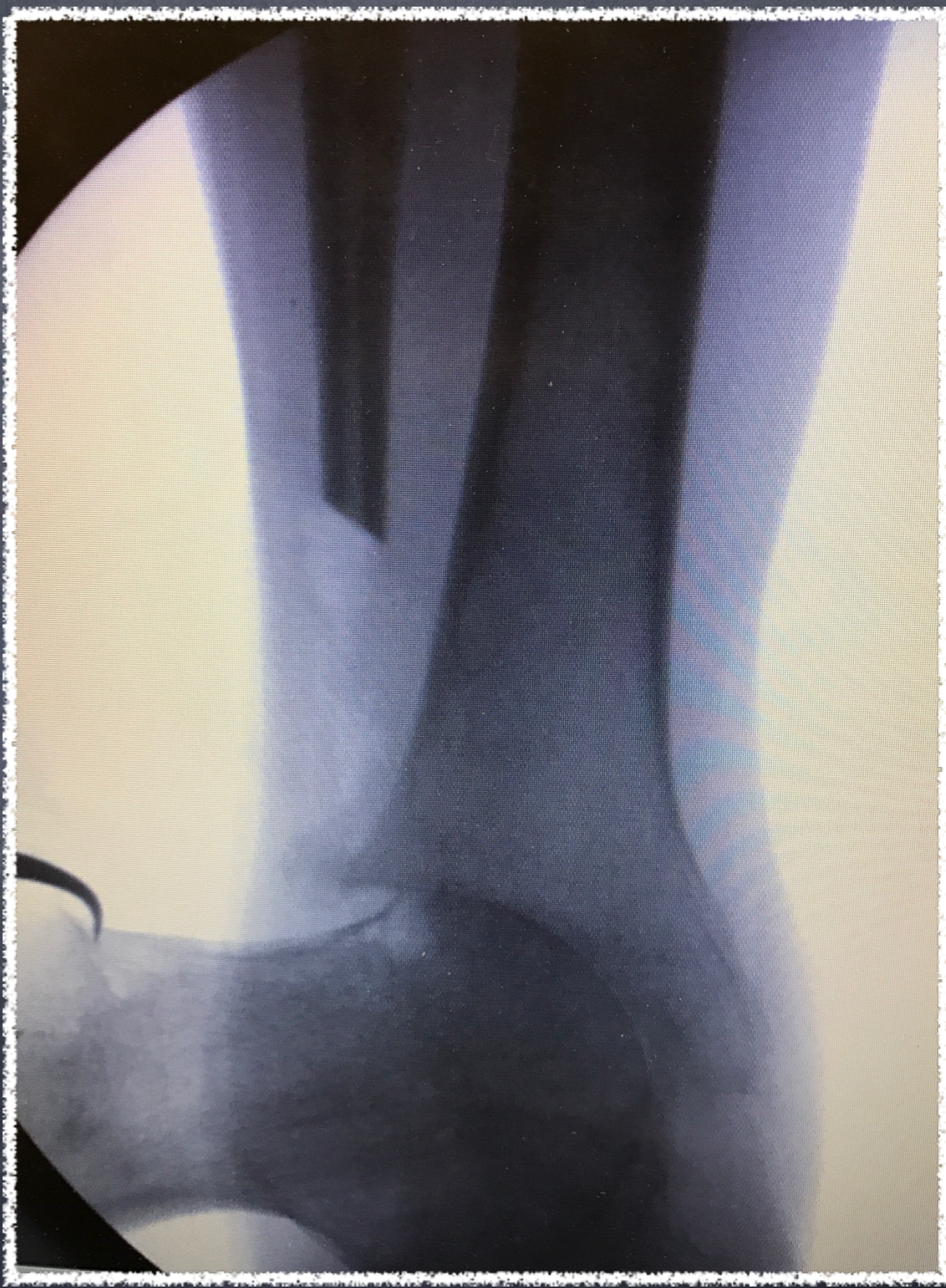
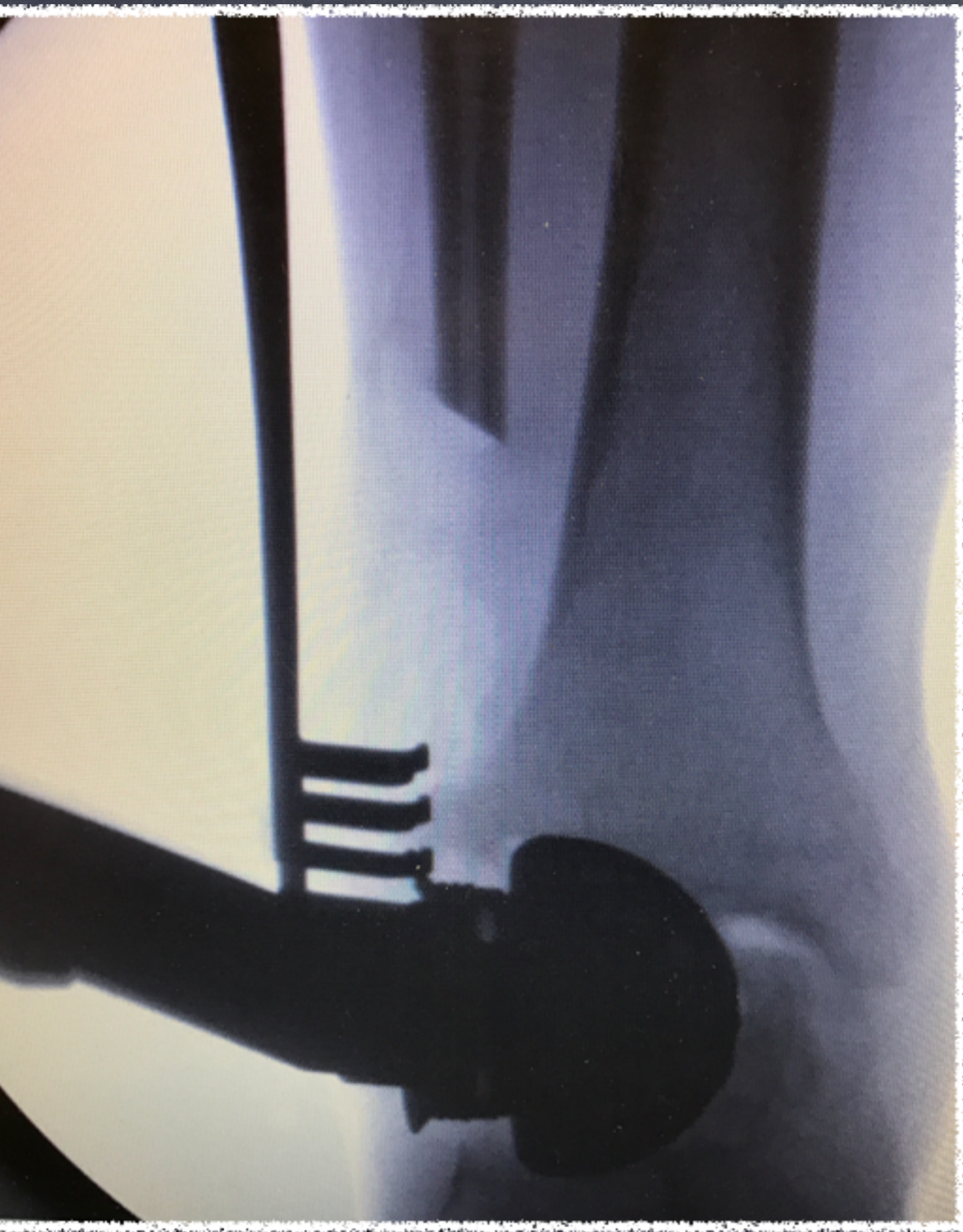




# Graft Augmented Pan-Talar Fusion with Internal Fixation

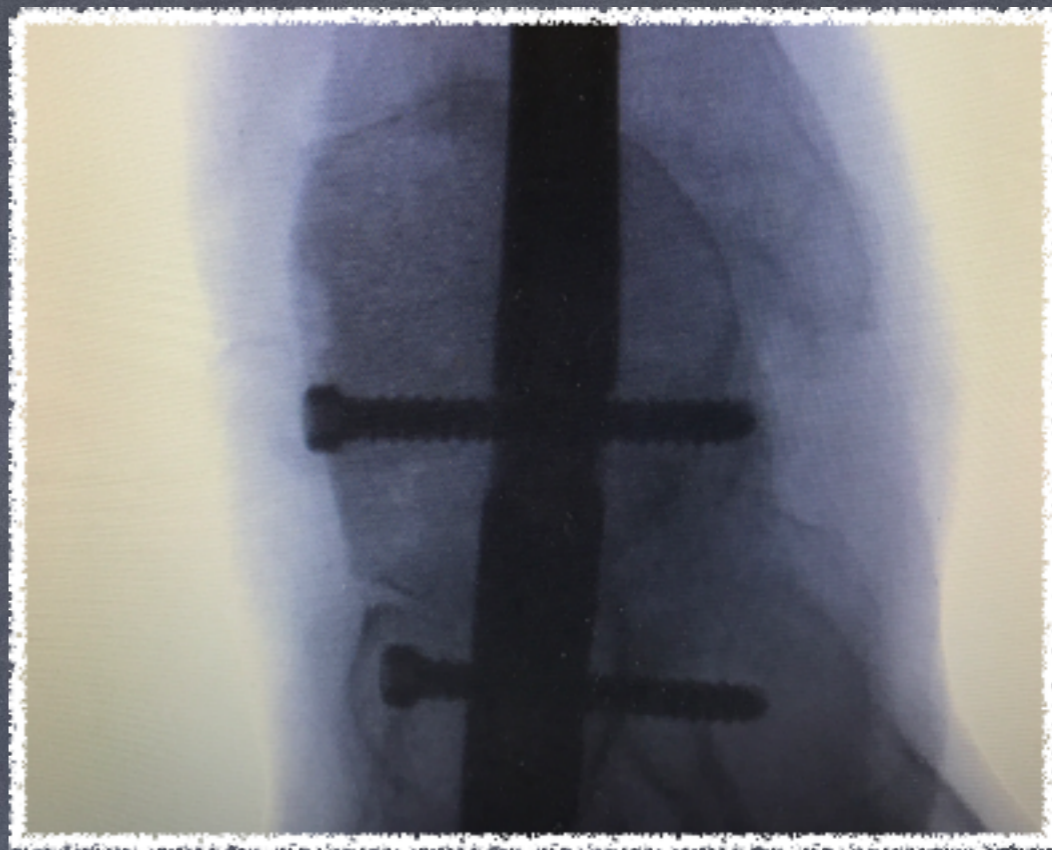
Failed Repair Comminuted Talus Fracture with AVN





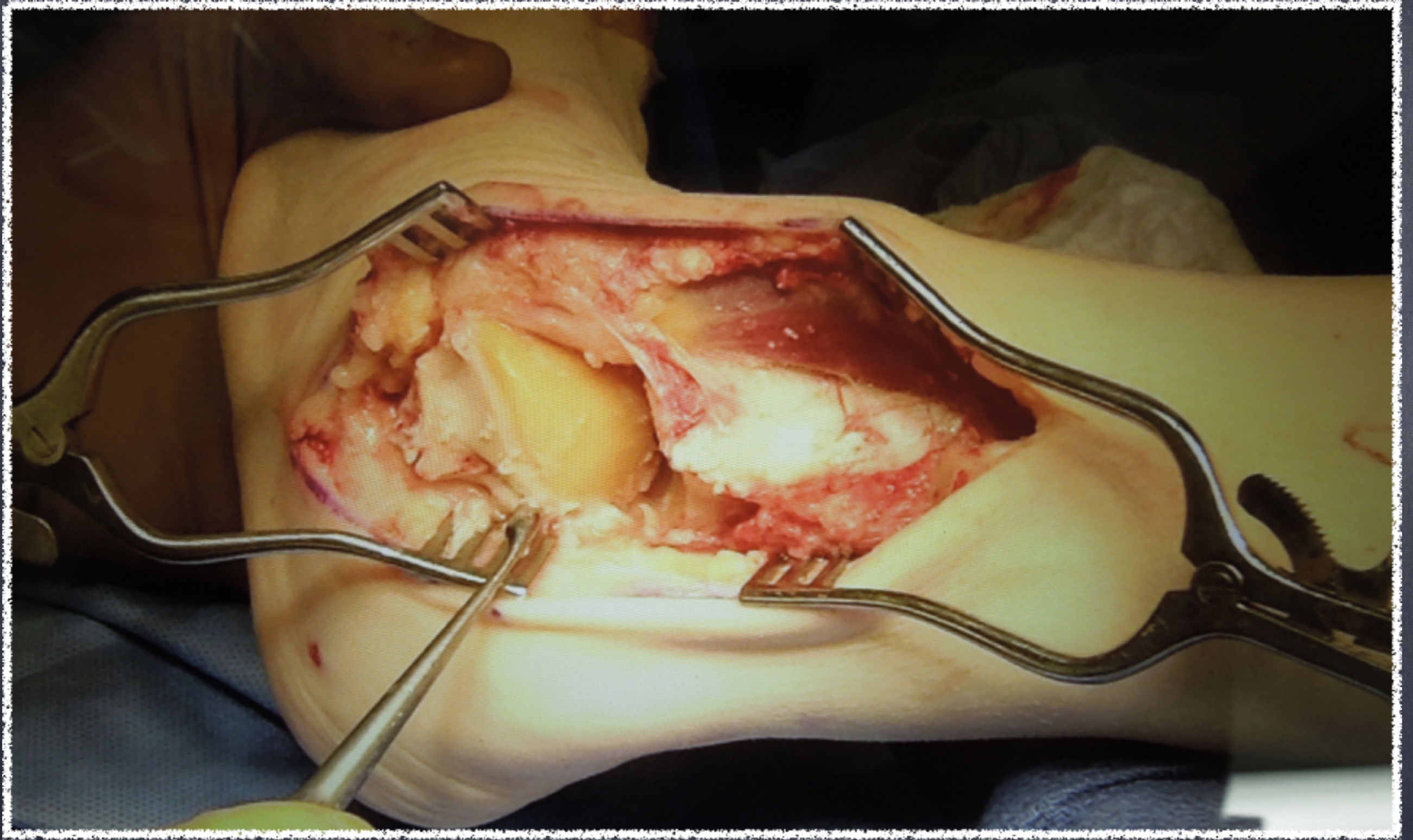
TIP: Don't put your  
hands in the eye of  
the beam



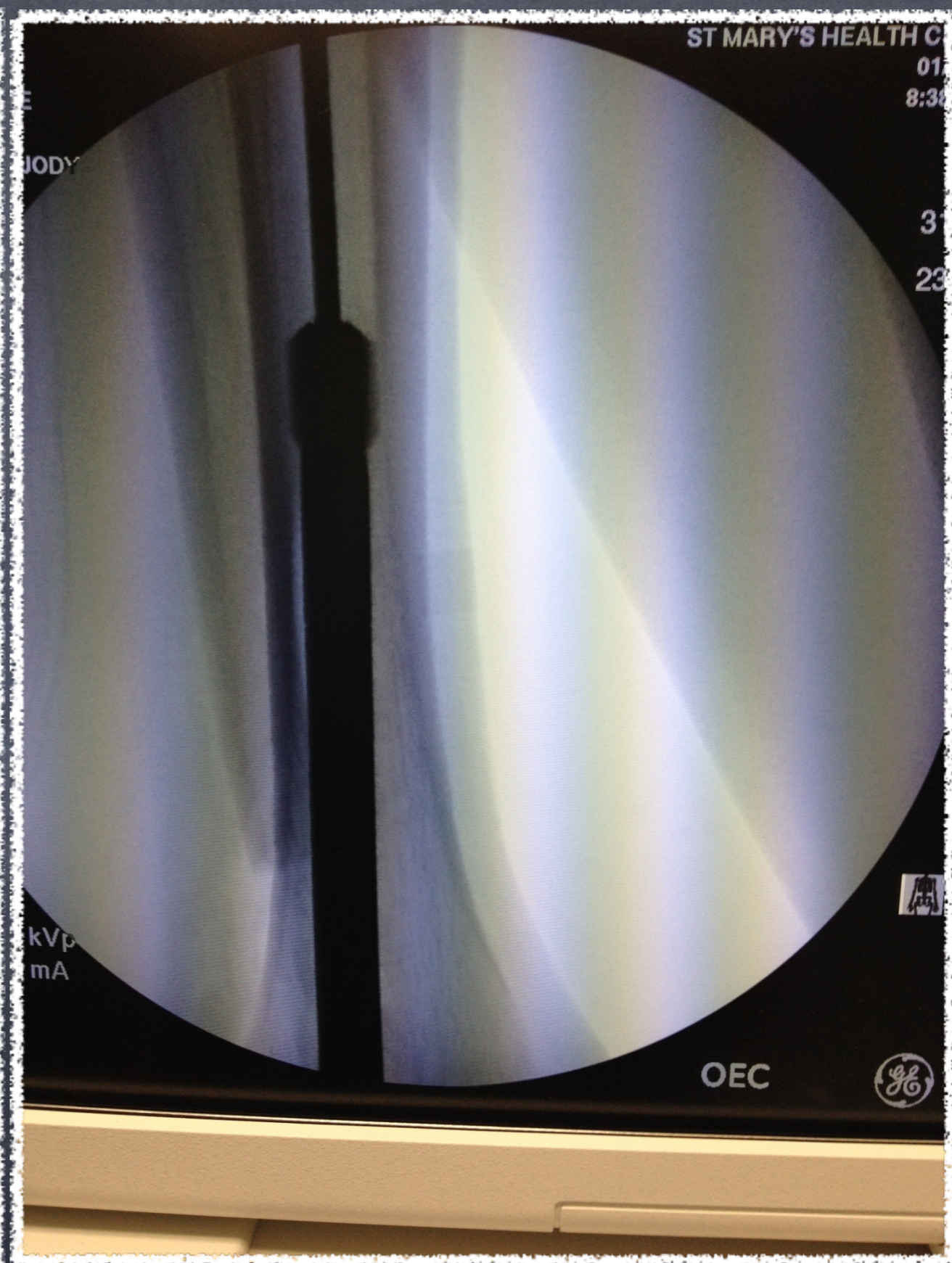


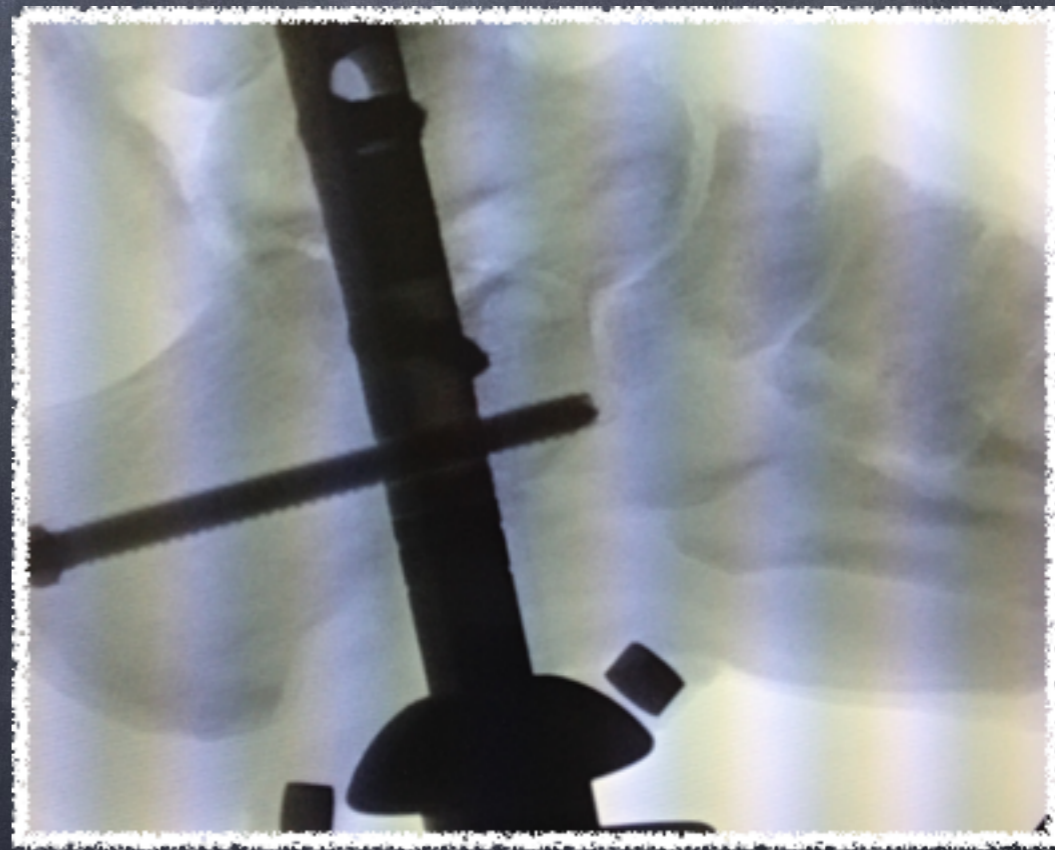
# Pan-Talar Fusion

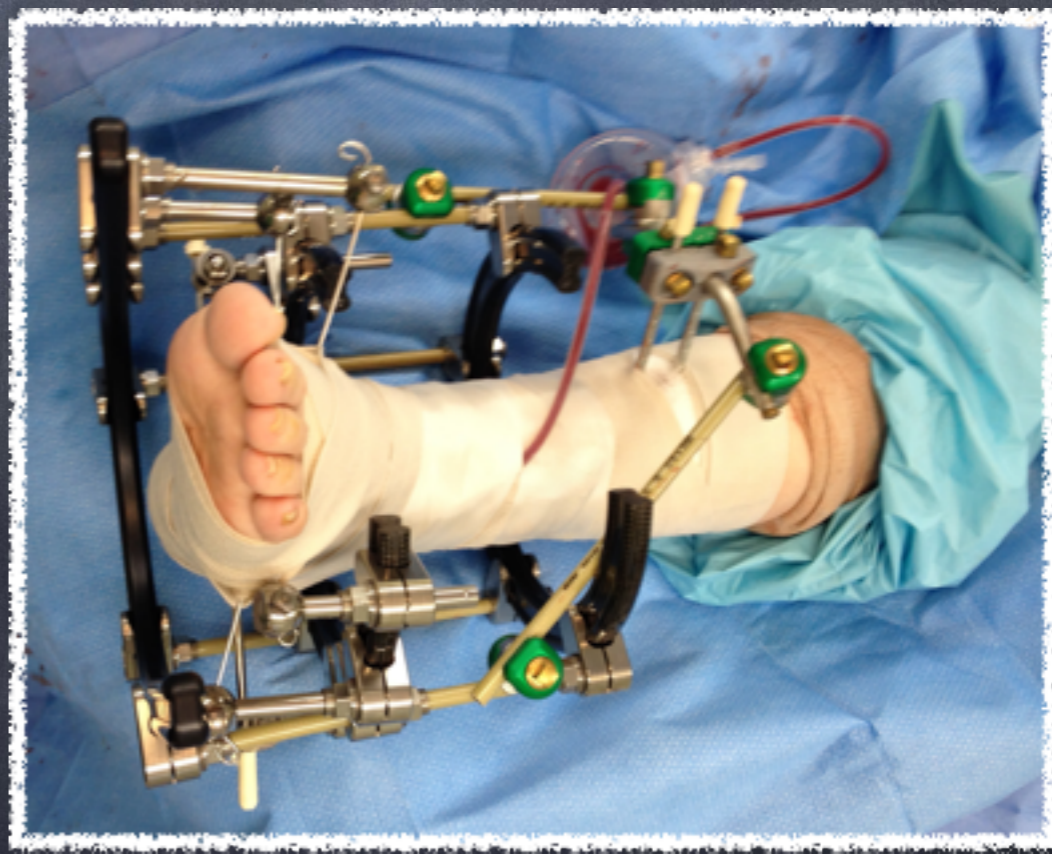
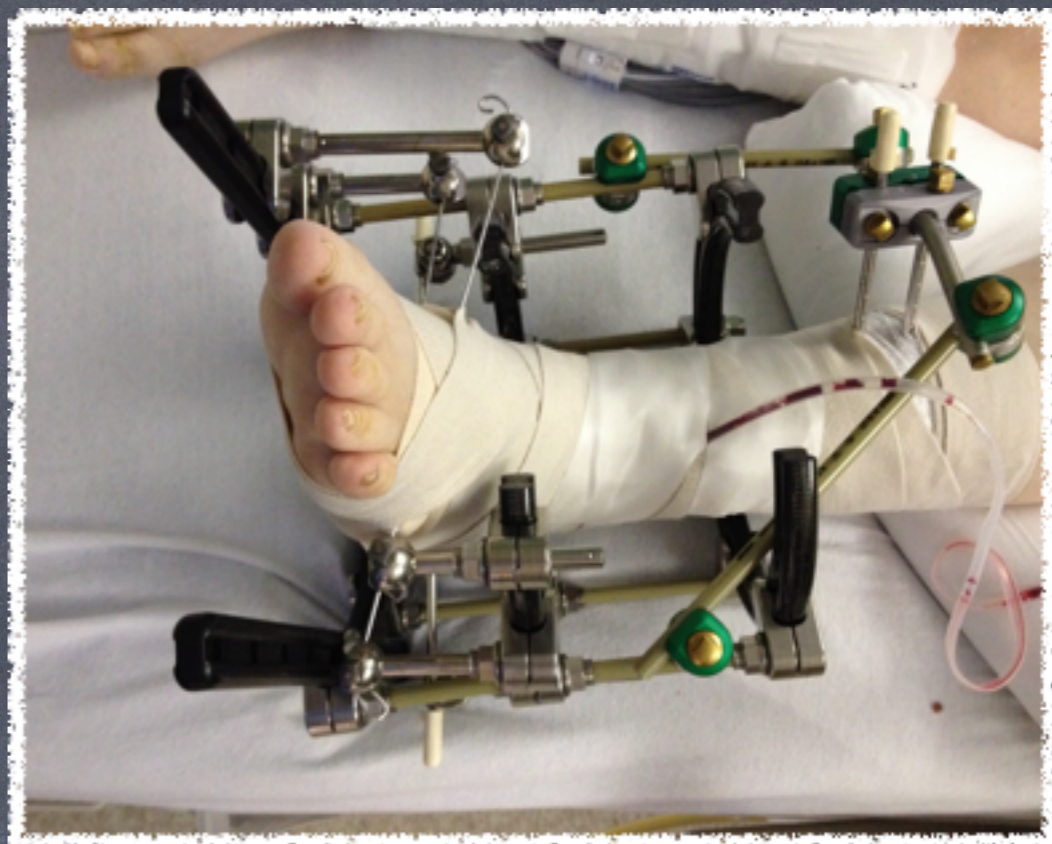
Avascular Necrosis of the Talus



Poor Bone Quality











, 2:35:52 PM

User: Dr. Jody McAleer

Series:

# Talus Pathology

- Return to work with restrictions in 14-20 days
- 12-14 week recovery
- 10 weeks strict NWB
- Painful hardware possible
- Rehab/P.T. is necessary
  - Rocker-bottom shoes
  - Gait training
- MMI likely at 12 months post-op



# Other Fractures of the Foot

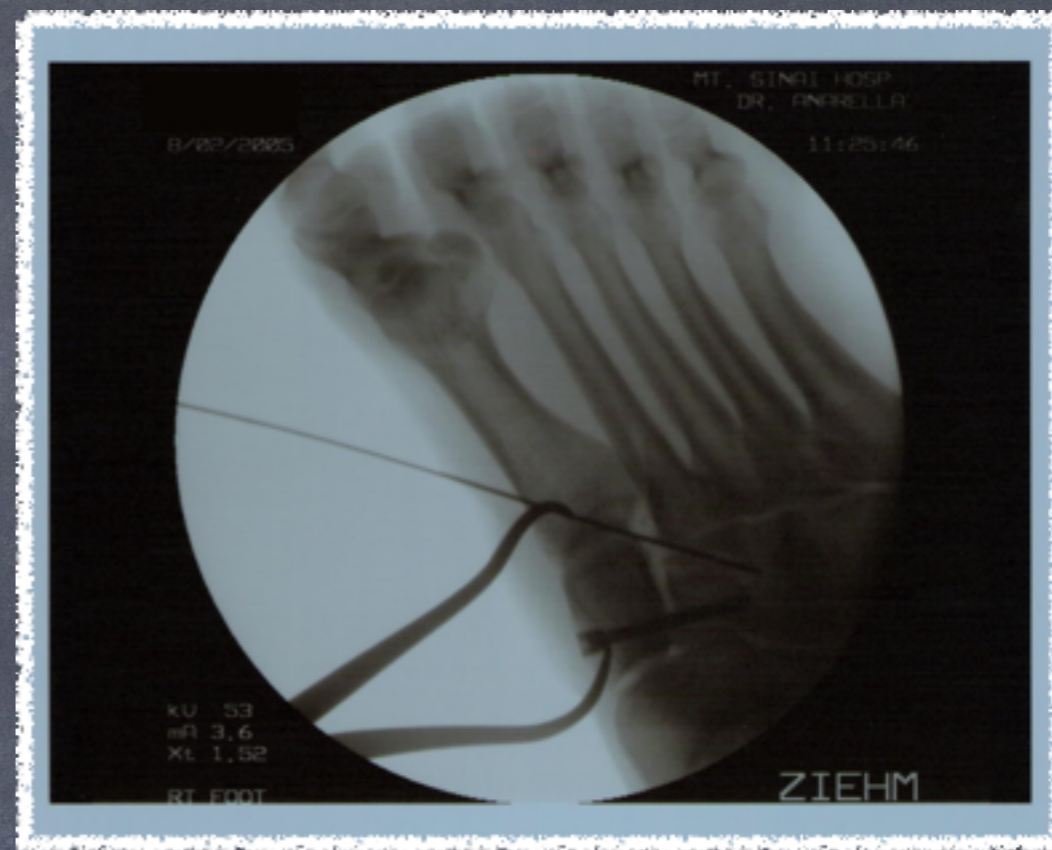


# LisFranc Fracture/ Dislocation ORIF

- Foot deformity possible
- Some injuries are subtle
- WB midfoot instability
- Swelling
- Pain
- X-Rays are helpful
- CT/MRI are superior
- Missed 15-20%







# Lis Franc Fracture/ Dislocation

- Return to work with restrictions in 7-10 days
- 12 week recovery
- 6-8 weeks strict NWB
- 2-4 weeks CAM boot
- Painful hardware possible
- Rehab/P.T. is not required
- Rocker-bottom shoes
- MMI likely at 12 months post-op



# 5th Metatarsal Fracture

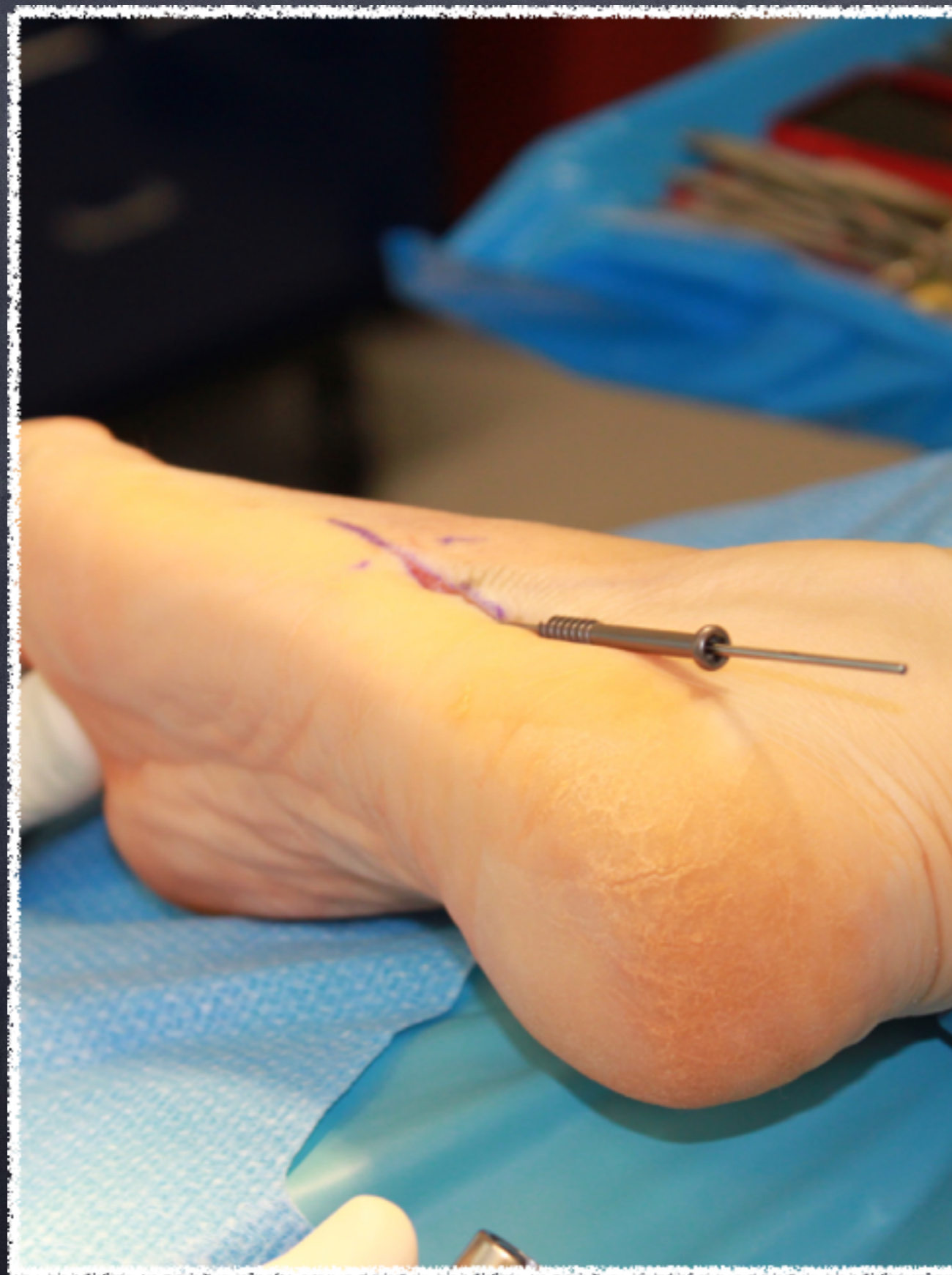
## Mini-ORIF

- Jones's Fracture
- Delayed healing
- Non-Union risk
- Pain with WB
- Waxing/waning symptoms
- Swelling
- Surgical vs. conservative
- Open vs. mini-open







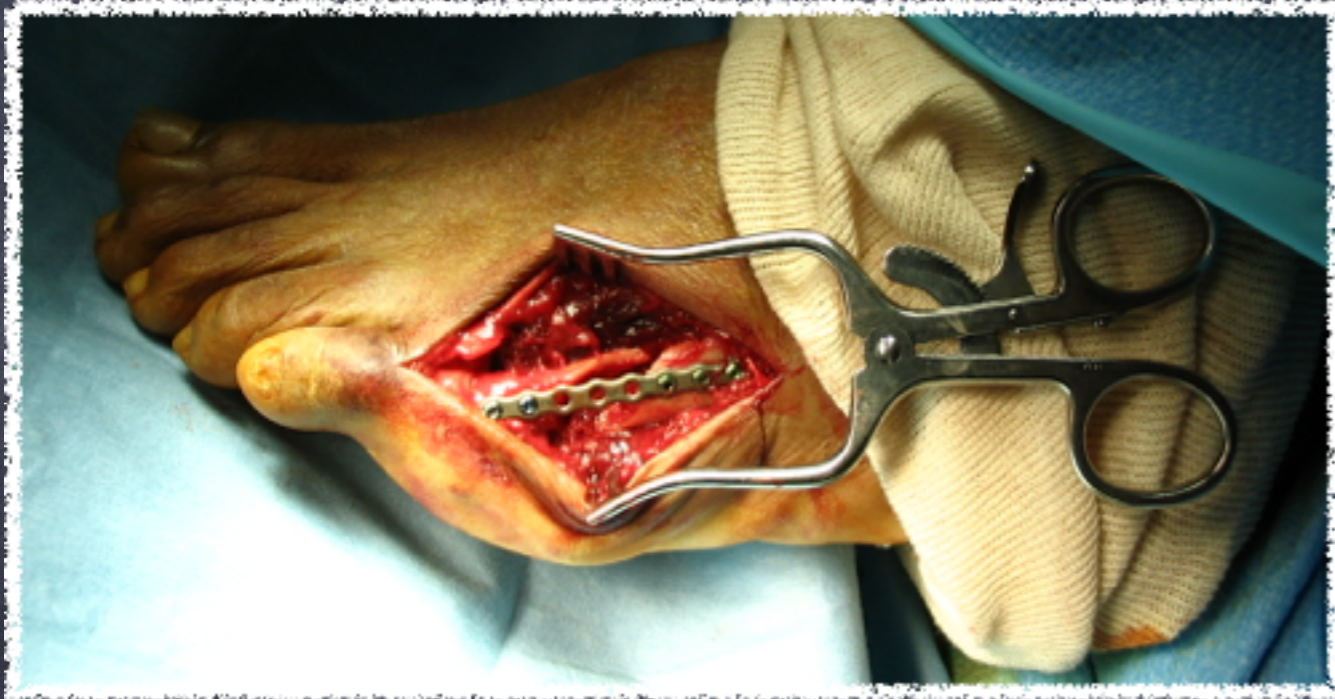


# 5th Metatarsal Fracture

## Mini-ORIF

- Return to work with restrictions in 7 days
- 8-10 week recovery
- 6-8 weeks strict NWB
- 2 weeks CAM boot
- Rehab/P.T. is not required
- MMI likely at 3-6 months post-op



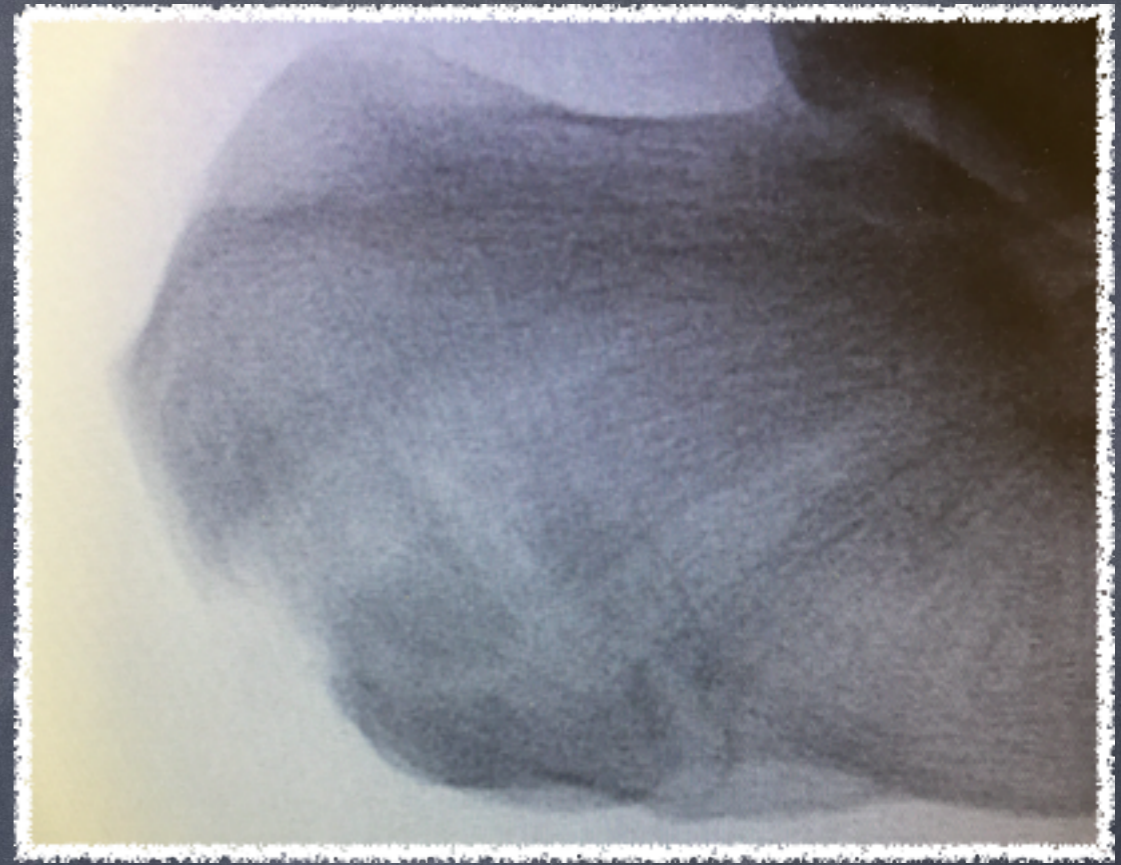


- Return to work with restrictions in 10-14 days
- 8-10 week recovery



# 5th Metatarsal Fracture Bone Graft Augmented ORIF

- Foot/Ankle pain
- Swelling of the heel
- Bruising (Mondor Sign)
- Blisters
- Deformity
- Inability to bear weight
- Open vs. Closed
- Multiple Patterns
- Associated lumbar fractures

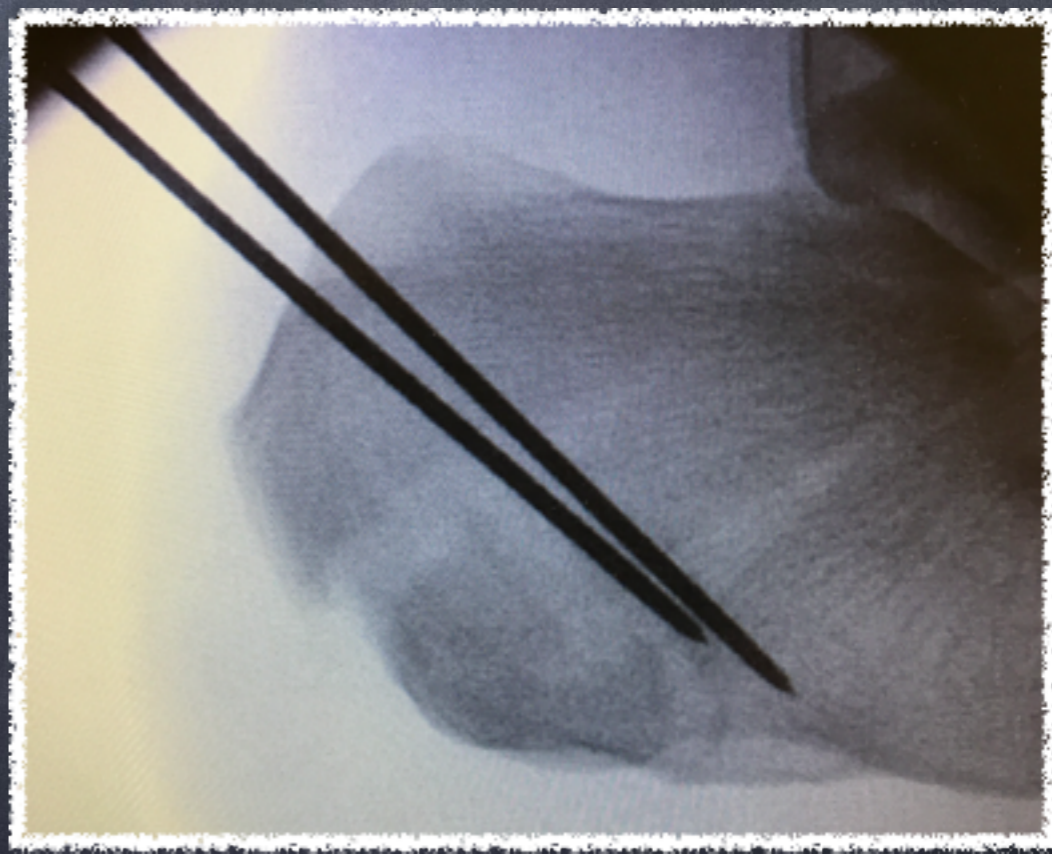
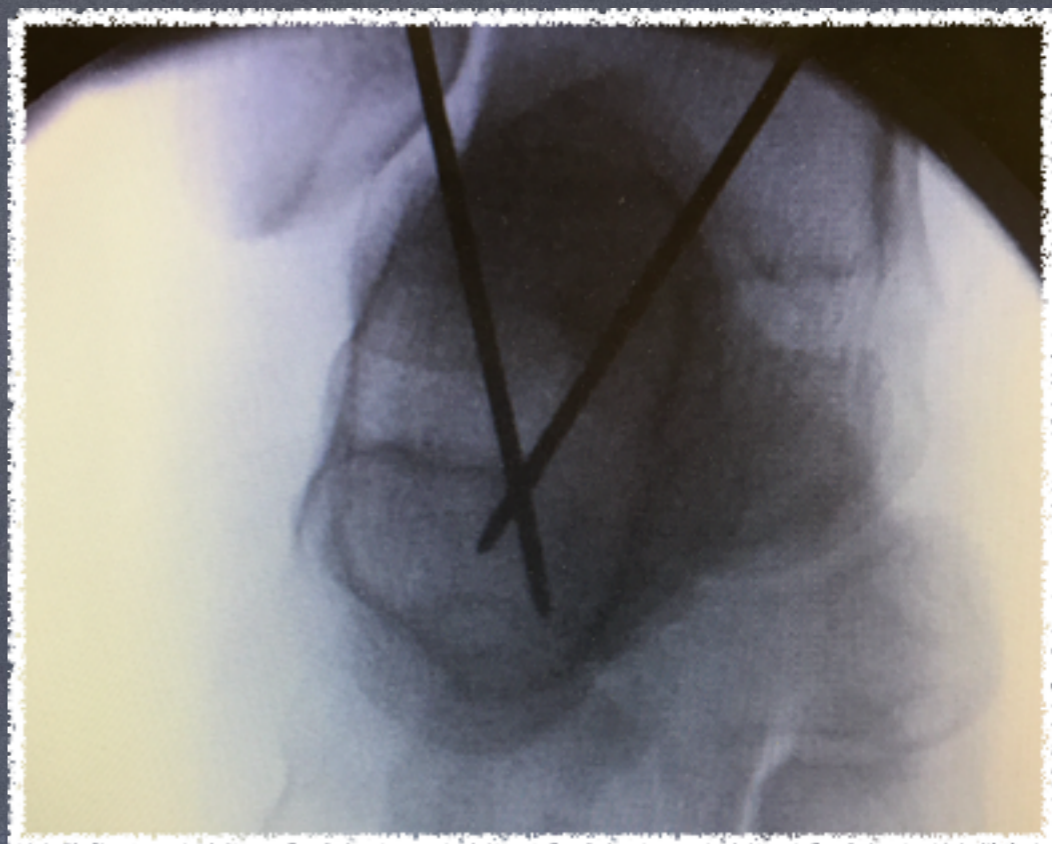
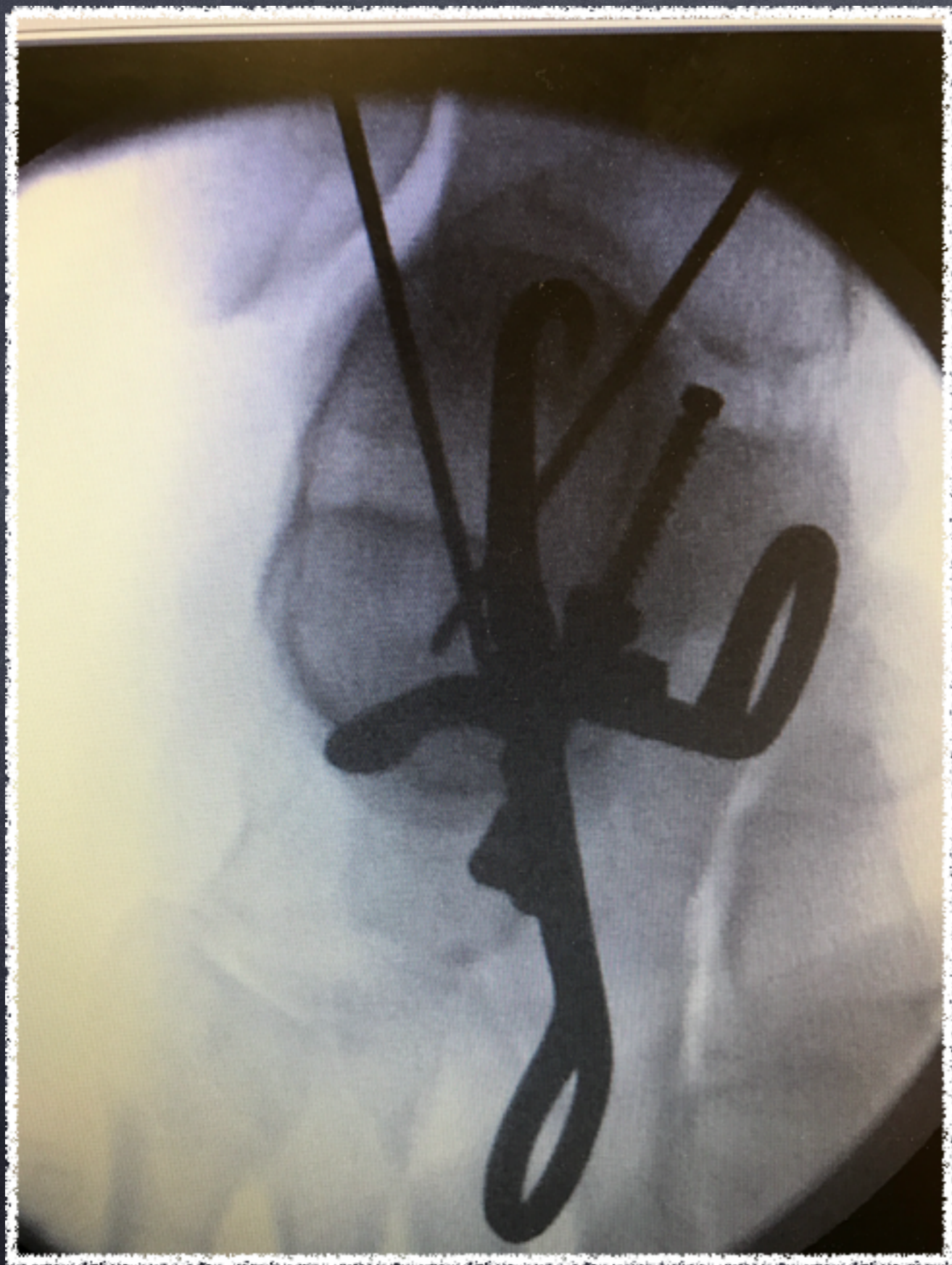


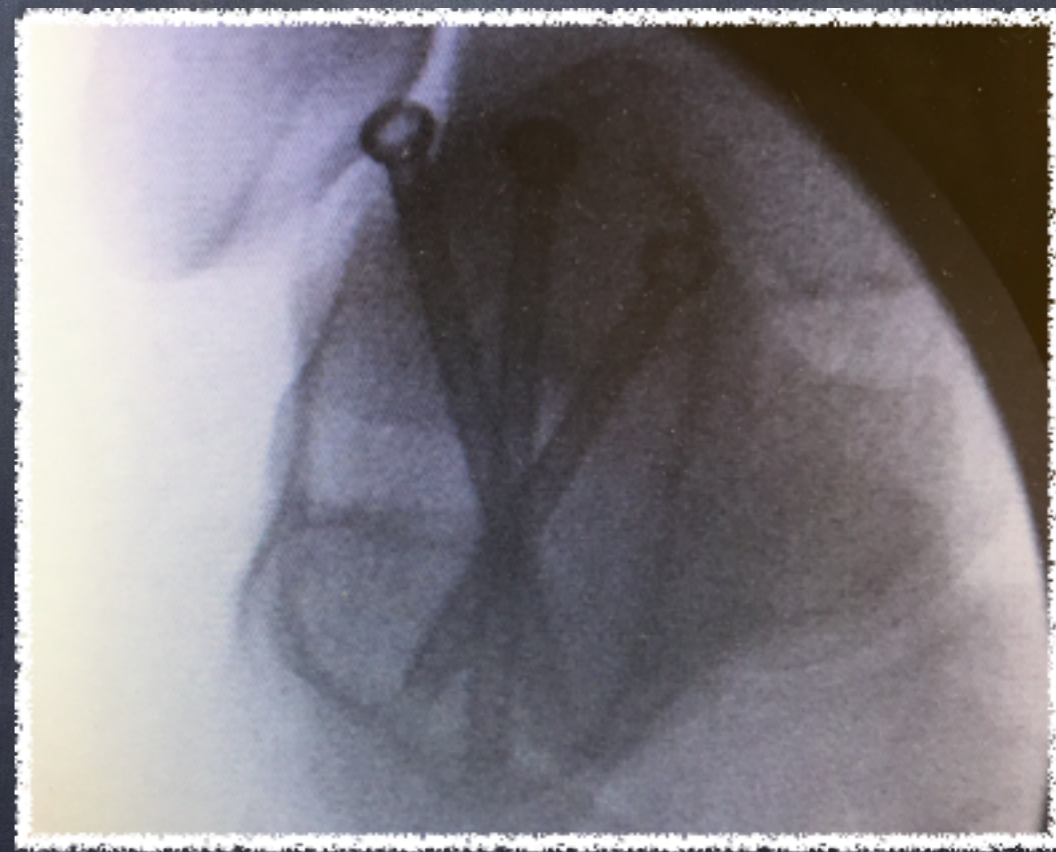
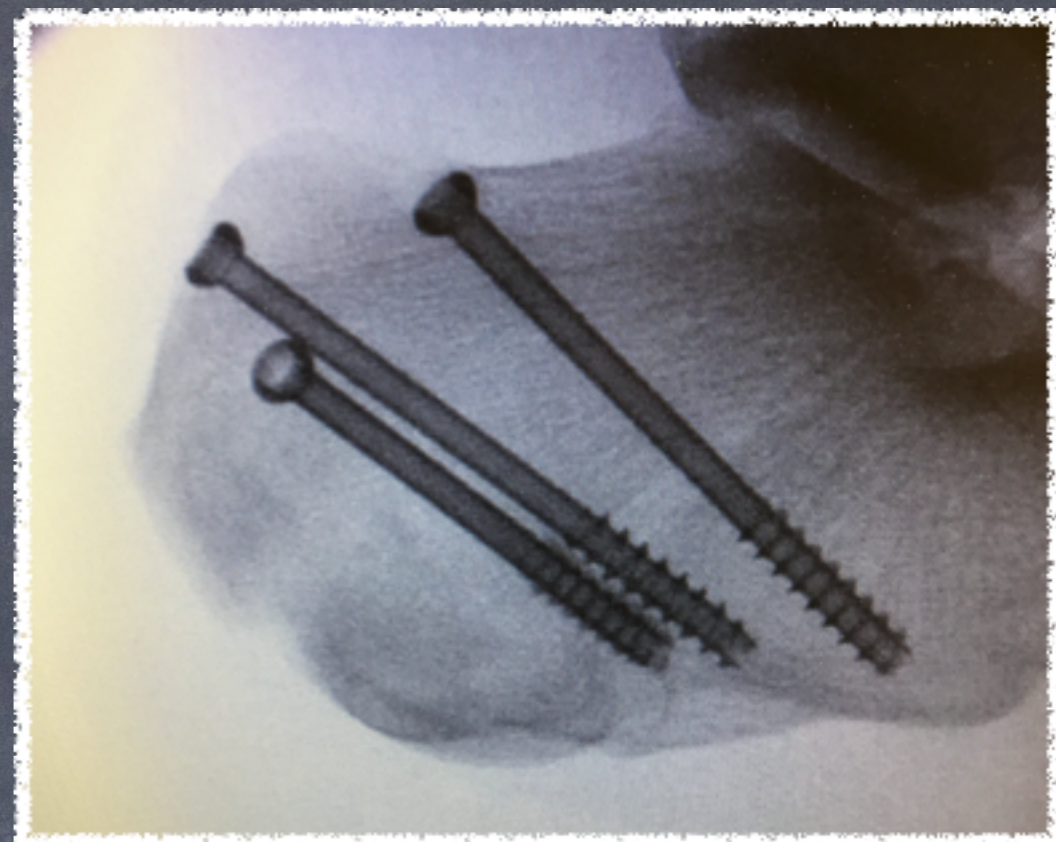
ORIF Calcaneus

Fracture

Fall from Height

Car Carrier/Transport





# ORIF Calcaneus Fracture

- Return to work with restrictions in 14-20 days depending upon fracture severity and surgical approach
- 12-14 week recovery
- 10 weeks strict NWB
- Painful hardware possible
- Rehab/P.T. is necessary
  - Rocker-bottom shoes
  - Gait training
- MMI likely at 12 months post-op
- STJ arthritis is likely to develop within 5 years



Open Fracture  
Industrial Crush Forklift Injury



# Open Fractures

## Industrial Crush Forklift Injury

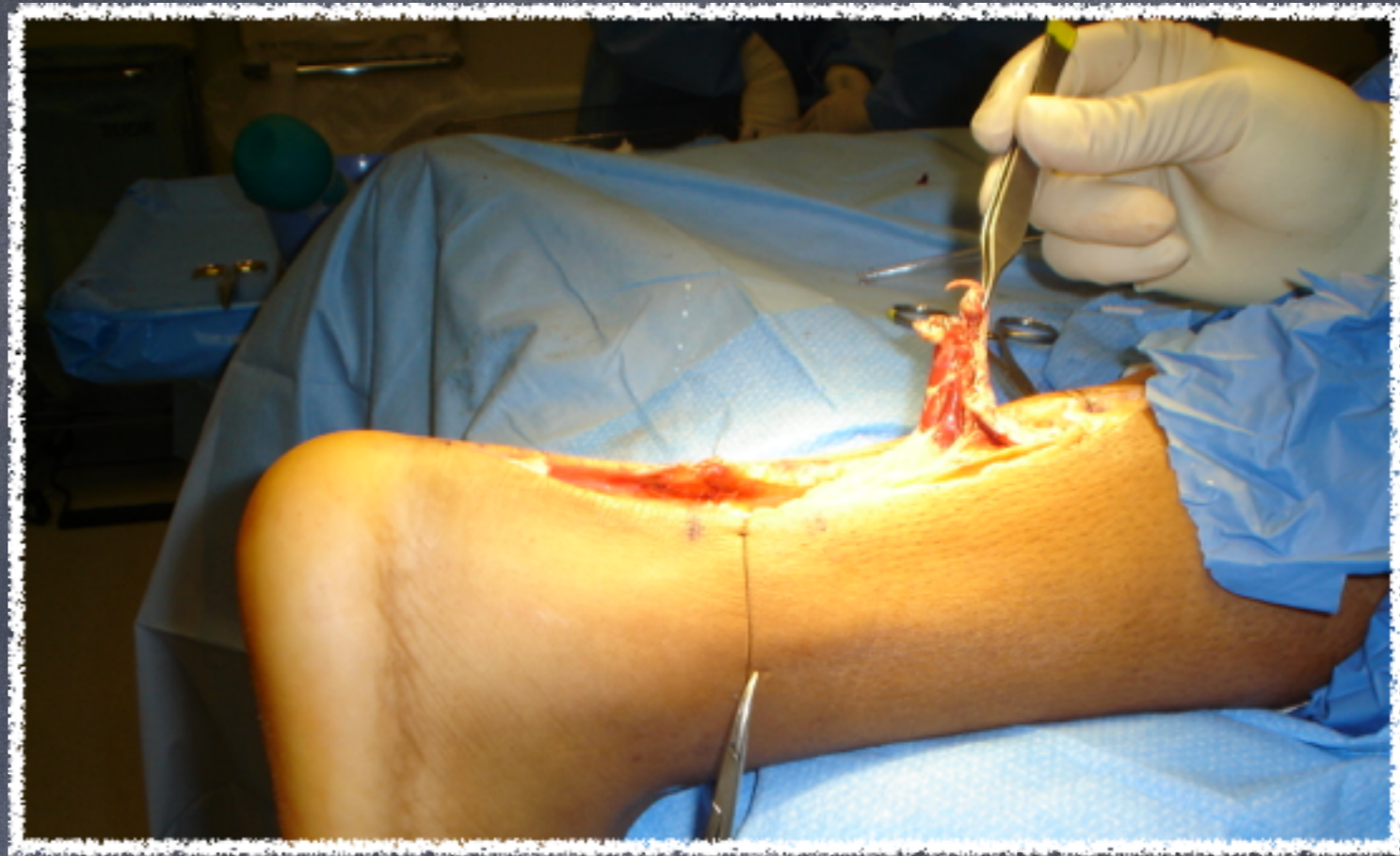
- Pain
- Swelling
- Blisters
- Variation in severity
- Loss of tissue
- Exposure of joint/bone
- Vascular injury
- Necrosis
- Deformity
- Disfigurement
- Amputation risk

- Return to work with restrictions in 14-20 days depending upon fracture severity and surgical approach
- High risk for infection
- May result in partial appendage loss
- 12-14 week recovery
- 10 weeks strict NWB
- Painful hardware possible
- Rehab/P.T. is necessary
- MMI likely at 6-12 months post-op
- Arthritis possible
- May require follow-up surgeries

# Tendon Injuries of the Foot & Ankle

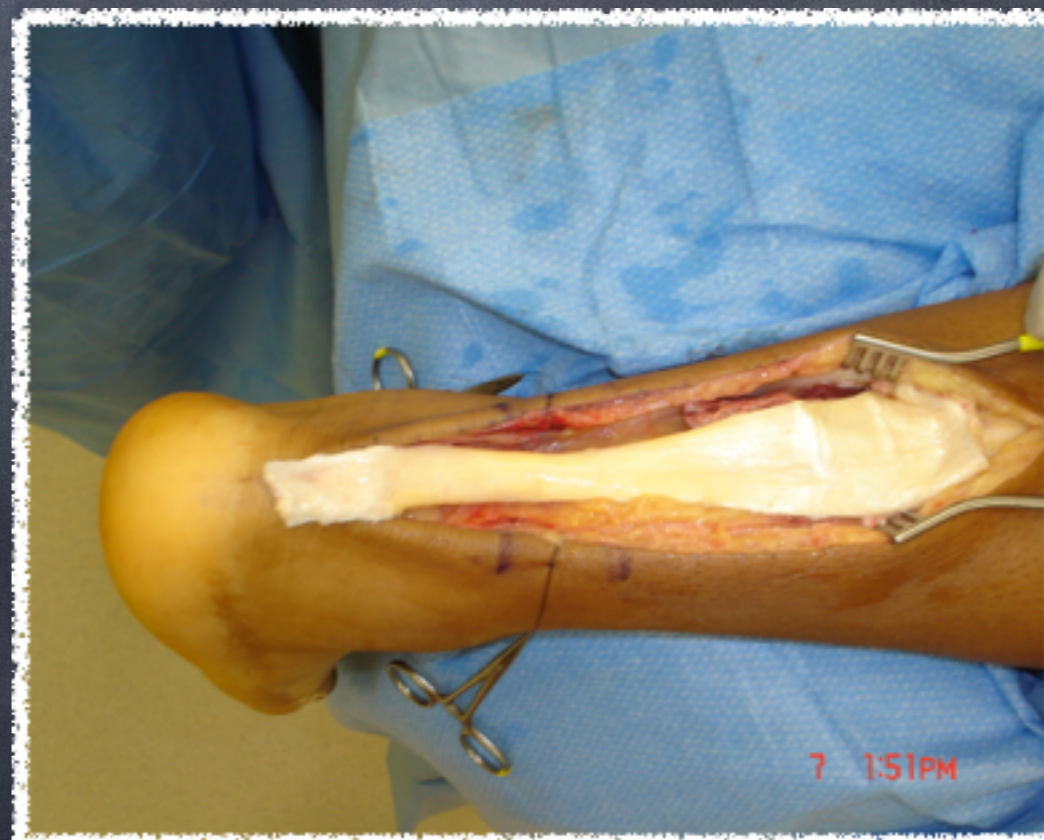


- Pain
- Swelling
- Bruising
- Inability to push off
- Tendon gap
- Weakness with WB
- Deformity
- Ankle instability



## Cadaveric Augmented Achilles Tendon Repair

Achilles Tendon Rupture



# Achilles Tendon Rupture

- Return to work with restrictions in 14-20 days
- 10-12 week recovery
- 6-8 weeks strict NWB
- 2-4 week PWB CAM boot
- Early rehab/P.T. is necessary
  - Rocker-bottom shoes
  - Gait training
  - Resistance training
- MMI likely at 6-12 months post-op

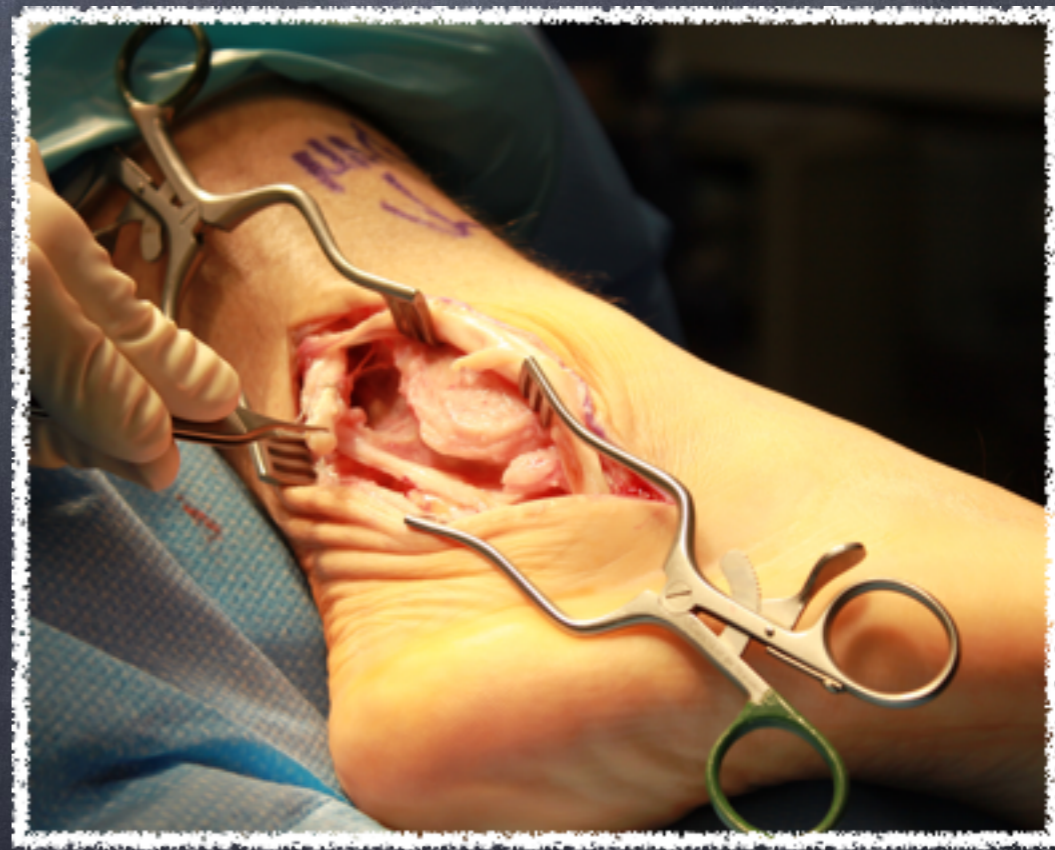
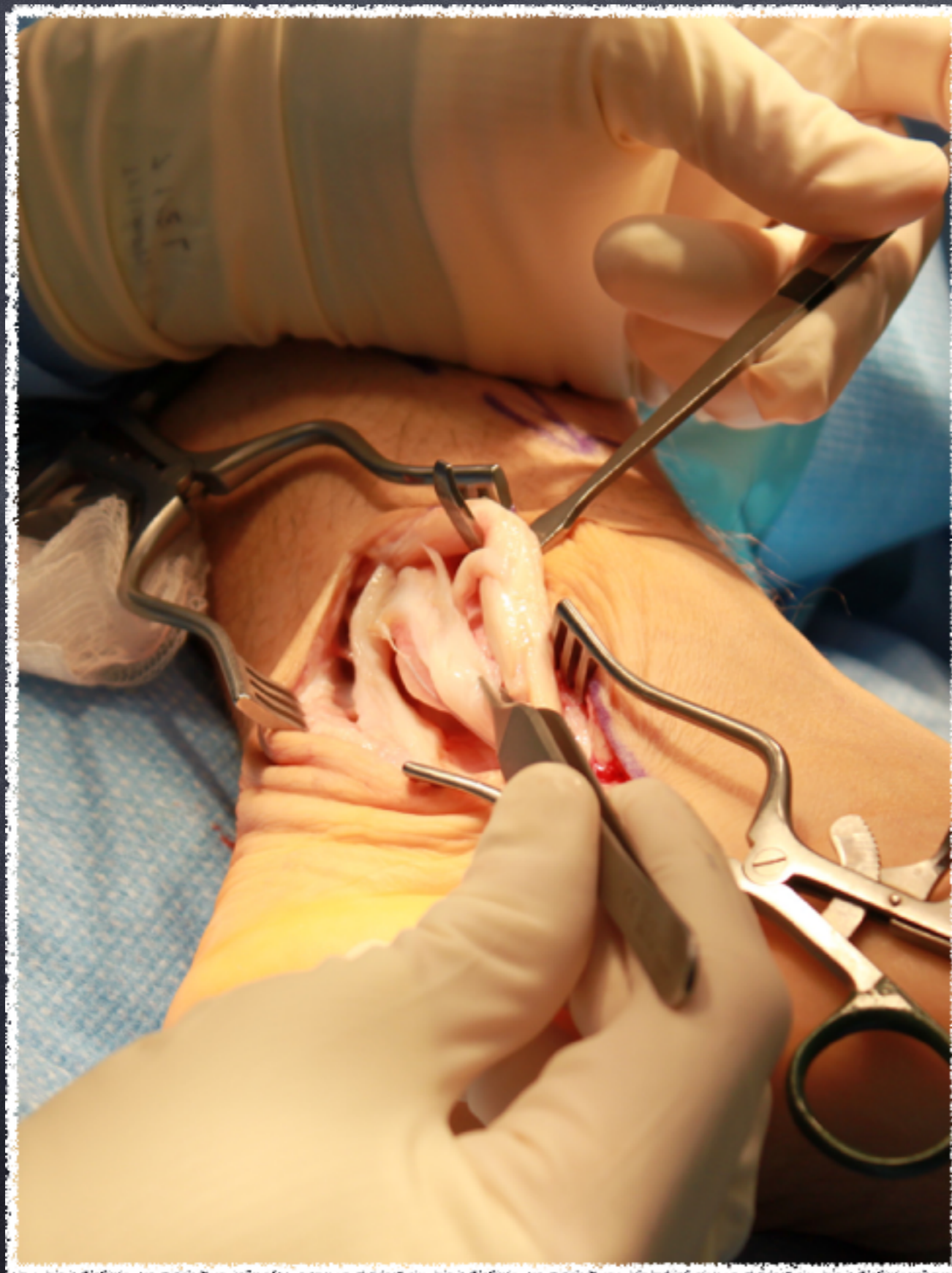


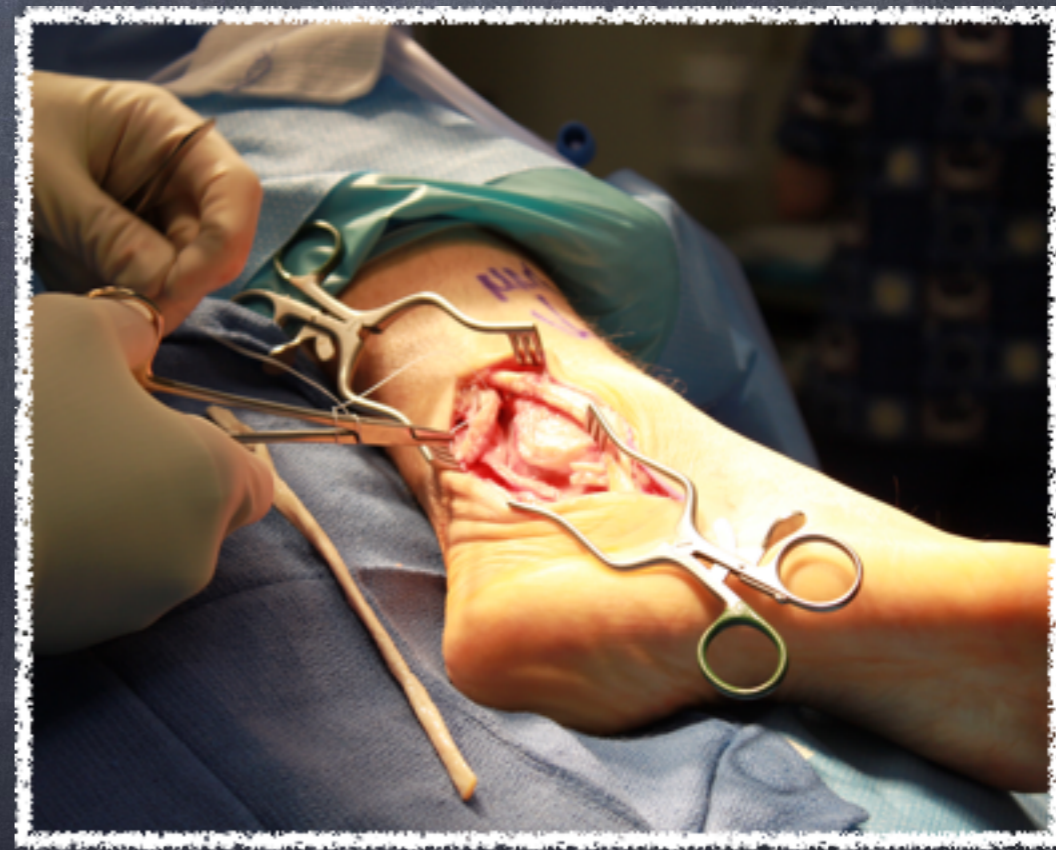
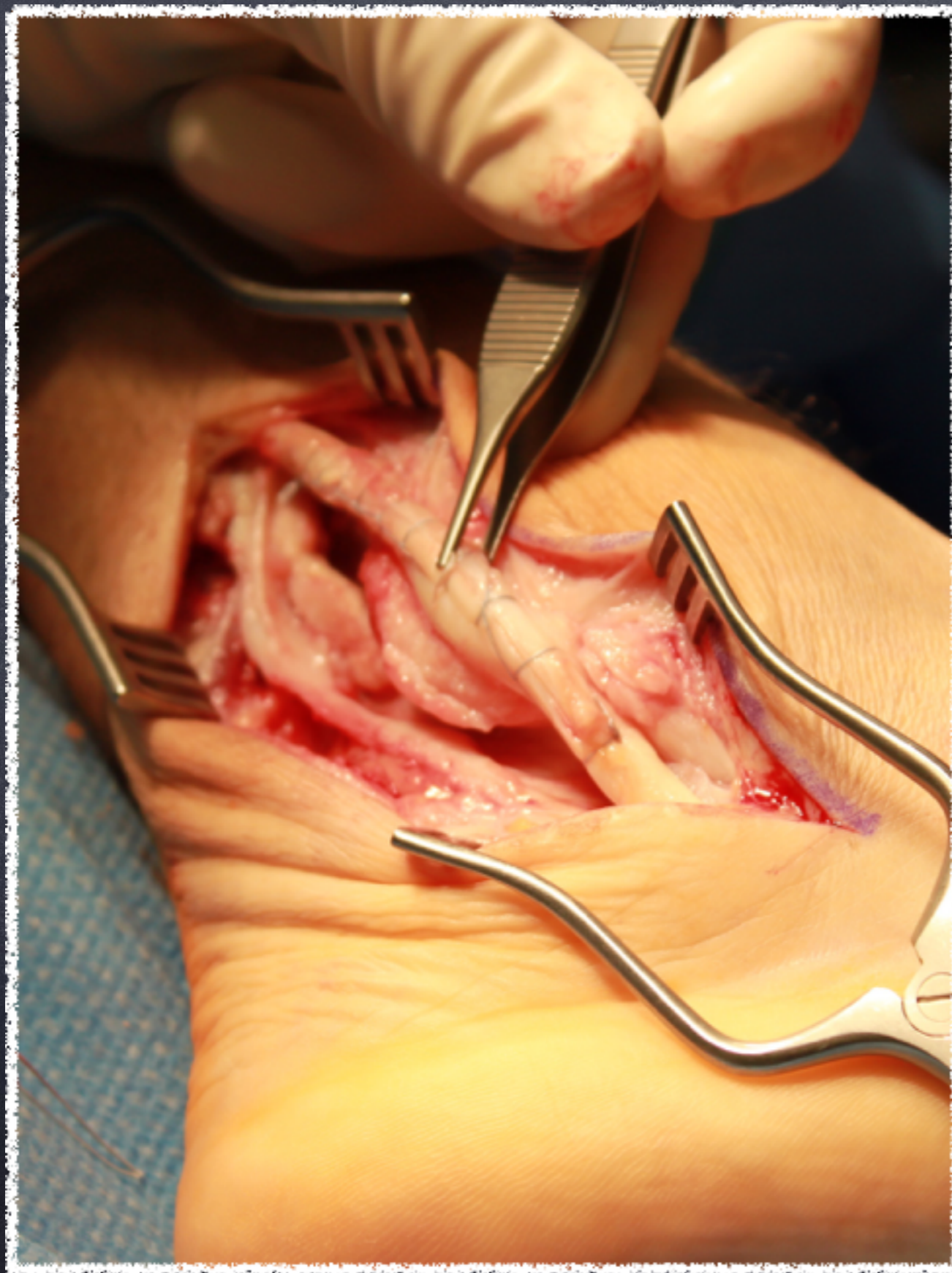
- Pain
- Swelling
- Bruising
- Lateral ankle instability
- Frequent ankle sprains
- Weakness with resisted eversion of the ankle

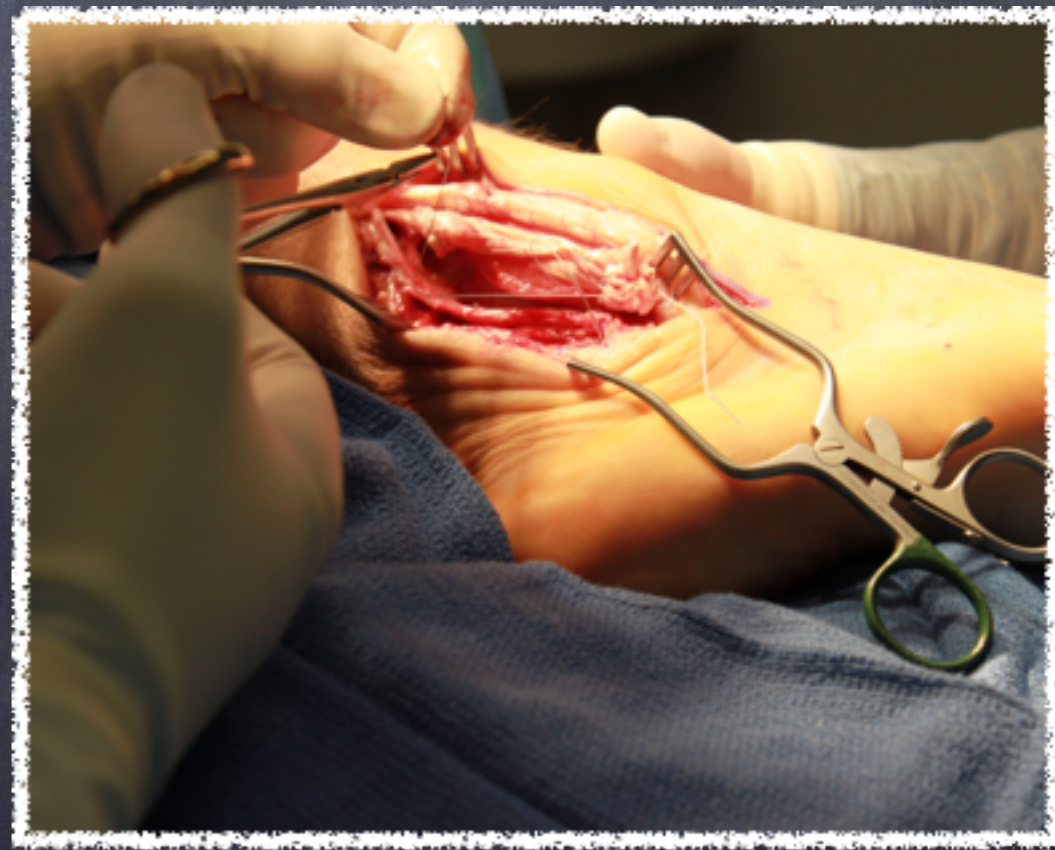
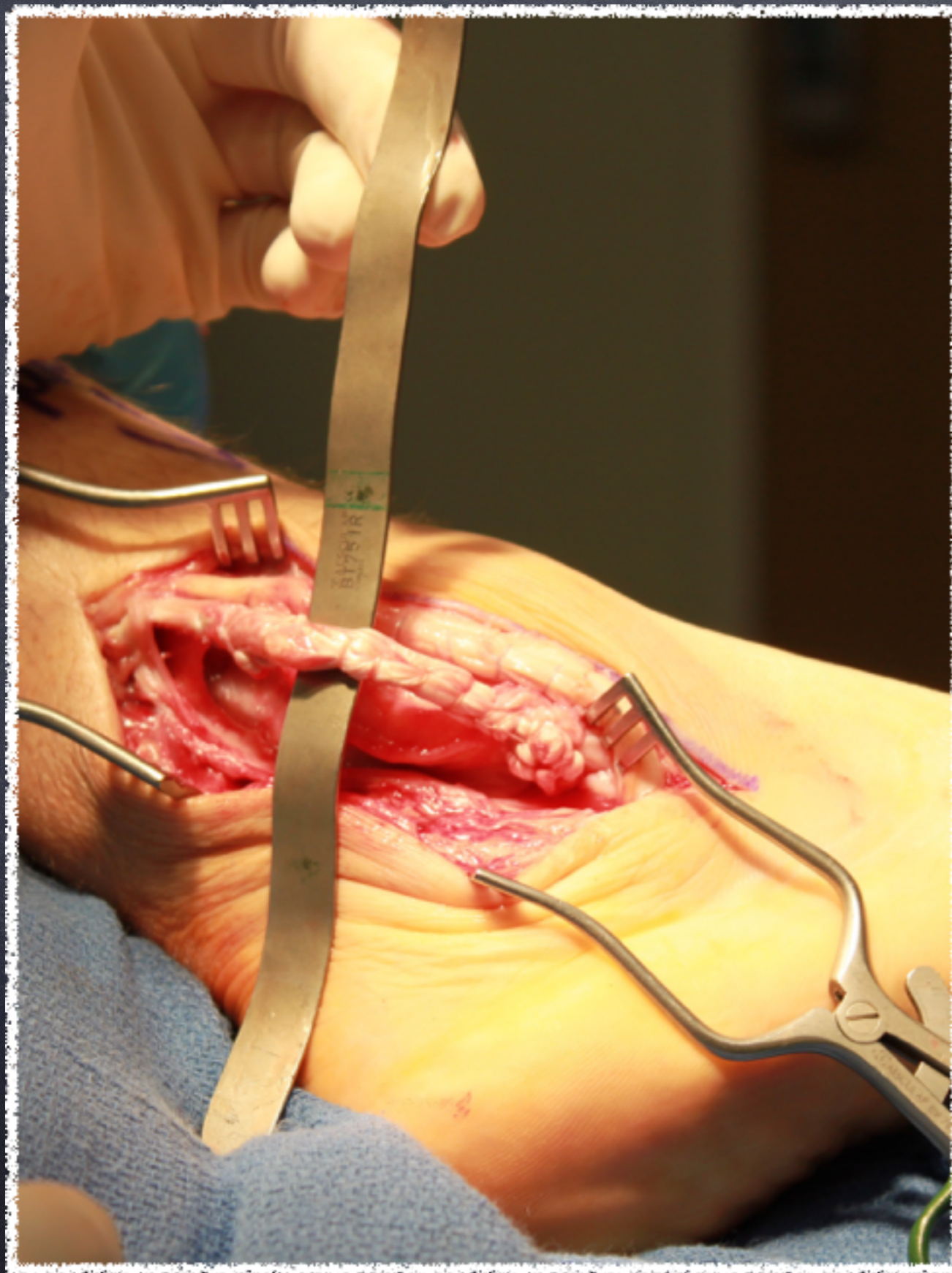


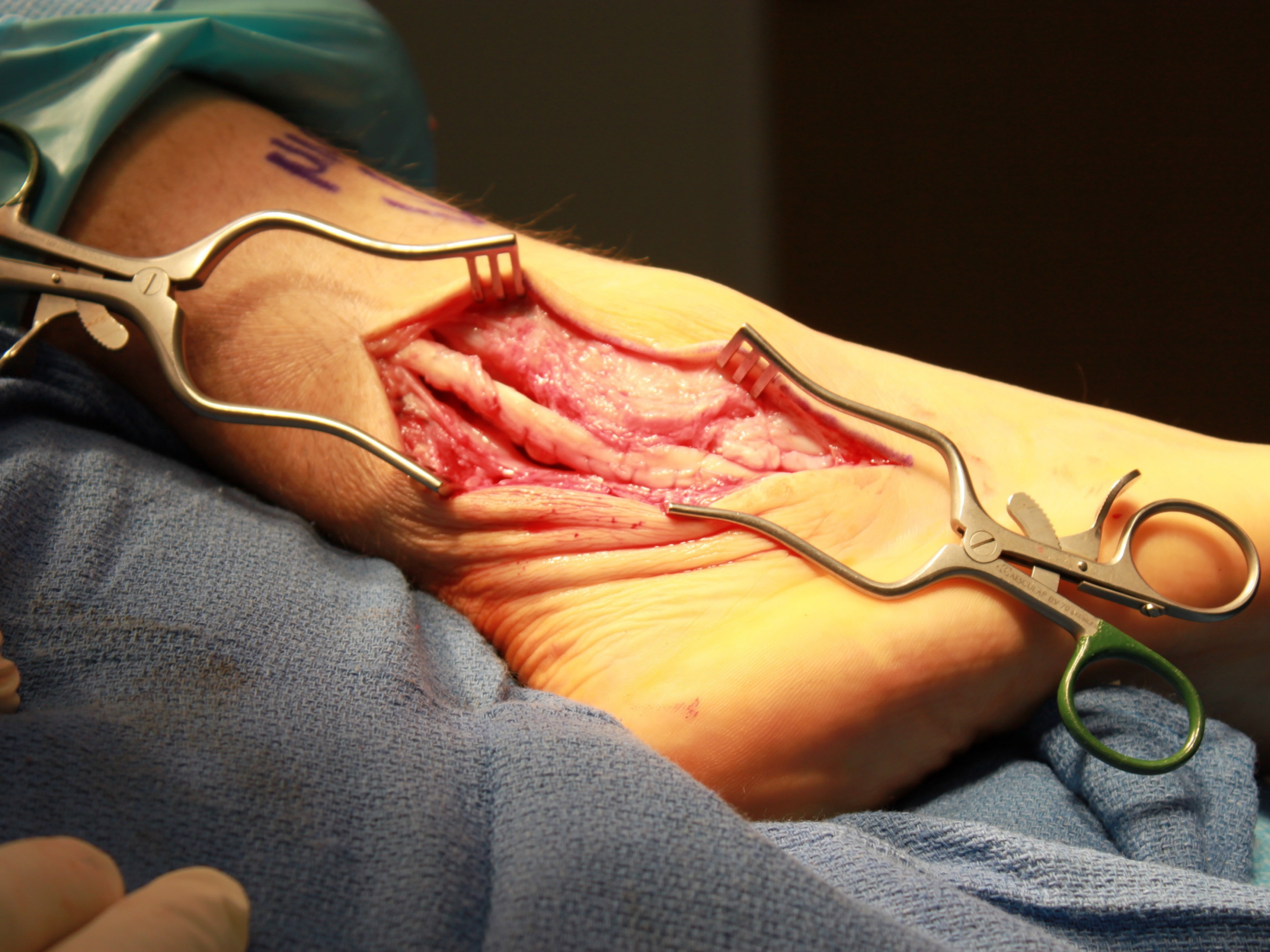
Debridement and repair - PLT  
Graft Reconstruction - PBT

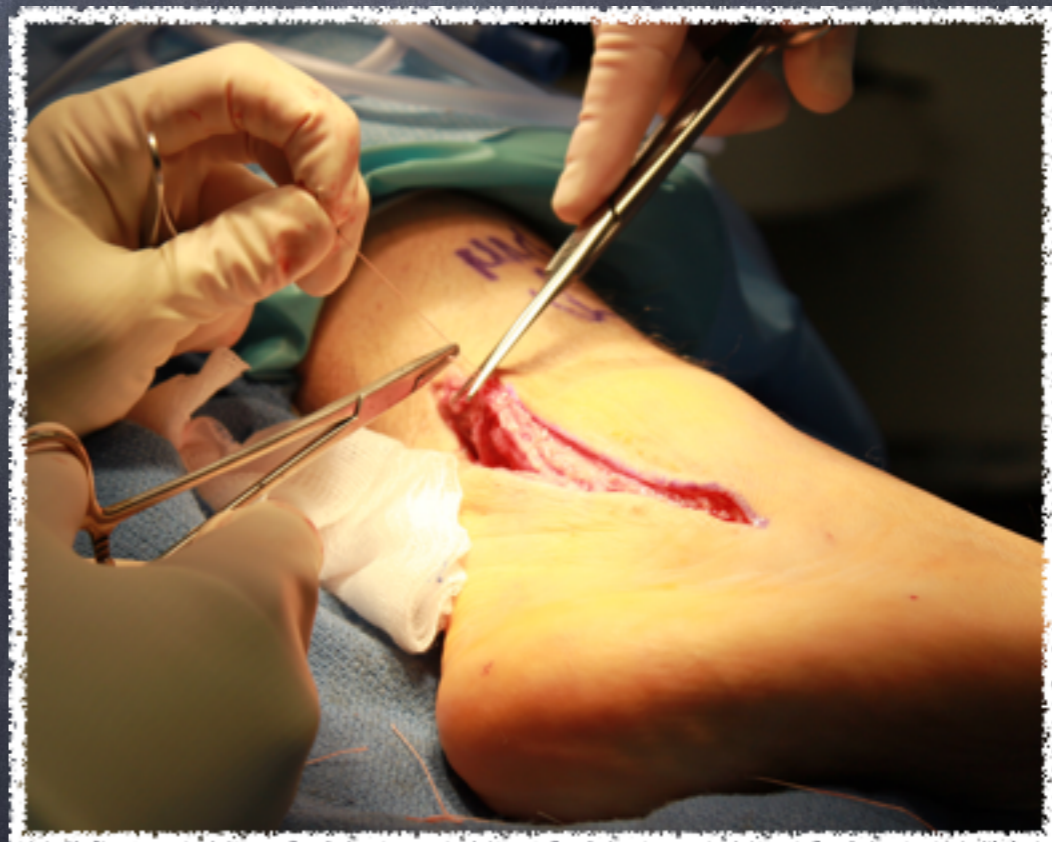
PBT split tear; PLT Rupture











# PBT Split Tear PLT Rupture

- Return to work with restrictions in 7-14 days
- 6 week recovery
- 3 weeks strict NWB
- 3 week PWB CAM boot
- Rehab/P.T. is not necessary
  - Home ROM and exercises
- MMI likely at 3-6 months post-op



- Arch Pain
- Swelling
- Bruising
- Difficulty with first steps after resting
- Standing, walking, squatting, climbing is limited
- Little improvement with conservative care
- MRI is diagnostic



## Endoscopic Plantar Fasciotomy

### Partial Plantar Fascia Rupture





# Partial Plantar Fascia Rupture

- Return to work without restrictions in 5 days
- 5 day recovery
- WBAT post-op in Sx shoe
- Return to typical ShoeGear
- Rehab/P.T. is not necessary
- Home ROM and stretching
- MMI likely at 3-6 months post-op

